Government of Saskatchewan

# Annual Report 2000-2001

## Saskatchewan Health

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**For More Information on Saskatchewan Health Programs and Services visit www.health.gov.sk.ca**

# LETTERS OF TRANSMITTAL

To Her Honour
The Honourable Lynda Haverstock
Lieutenant-Governor of Saskatchewan

May It Please Your Honour:

I respectfully submit, for your consideration, the annual report for Saskatchewan Health for the fiscal year ending March 31, 2001.

This report reflects a move toward greater accountability within government, and Saskatchewan Health in particular, as we strive to offer the best possible health care to the people of our province.

Respectfully submitted,

John T. Nilson, Q.C.
Minister of Health

To the Honourable John T. Nilson, Q.C.
Minister of Health

Minister:

On behalf of the staff of Saskatchewan Health, I am pleased to present to you the department's annual report for your consideration. In accordance with *The Department of Health Act*, *The Prescription Drugs Act*, *The Saskatchewan Medical Care Insurance Act*, and *The Vital Statistics Act*, this report covers the activities of the department for the fiscal year ending March 31, 2001.

Congratulations to Saskatchewan Health staff members for their continued dedication and commitment to ensure that all citizens in the province receive the best possible health services.

Respectfully submitted,

Glenda Yeates
Deputy Minister

# A MESSAGE FROM THE MINISTER OF HEALTH

## A Message From the Minister of Health

The primary goal of Saskatchewan Health is to provide a publicly funded, publicly administered health care system that ensures good health for our residents through quality, sustainable services.

I believe we can be proud of the exceptional quality of our health care system. At the same time, we cannot be complacent. In the past fiscal year, our province spent more than $2 billion on health care services, close to 40 per cent of our total program spending in Saskatchewan. Despite this, we continue to face many challenges such as lengthy waiting times for some procedures, debt in our health districts, poor health status among some population groups and a shortage of key health professionals.

In the face of this, Saskatchewan residents are growing increasingly concerned about the ability of the system to meet their needs now and into the future. They are asking "Will the system be there for me and my family when we need it? Where does all the money go? And, what benefits are we getting for that money?"

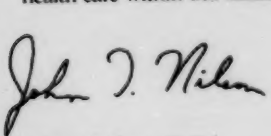
This annual report will attempt to answer some of those questions by reviewing the initiatives, challenges and achievements of Saskatchewan Health and its health care partners in 2000-01.

Throughout this annual report, there is a new sense of openness, as we strive to demonstrate not only the progress we have made, but also the evaluation of where we have fallen short, and where the challenges still exist.

In moving toward greater public accountability, this report will feature a small number of "performance indicators", measurements that will show, in a tangible way, the results we get from the money we spend.

In doing so, we will be taking a first step toward providing more detail on how, where and why our health dollars are spent the way they are and what effect this is having on the health of Saskatchewan people. The ability to measure outcomes within the health sector is still under development. As well, the most important outcome, the health of our people, depends on many factors that go beyond the health system, such as economic and social status.

As we face the 21st Century, we know that change will be needed in order to sustain our health care system. This province led the way in the development of Medicare close to 40 years ago. Today, guided by the recommendations from the Fyke Commission on Medicare, we will continue to work together with the people of Saskatchewan and our health care partners. In doing so, we will find solutions to the challenges facing our health system and to ensure accessible, quality health care within our financial means into the future.



John T. Nilson, Q.C.
Minister of Health

# INTRODUCTION

As Saskatchewan Health moves toward a new standard of accountability, this year's annual report will attempt to provide a picture of the health of Saskatchewan people, as well as the health care services supported by the department in 2000-01.

Saskatchewan people deserve to know how their health dollars are being spent. They deserve to know what services are available to them and their families, and whether those services are achieving the best results. To provide the most accurate description possible, this year's annual report will include a summary of some of the positive steps taken in health services this year, as well as an evaluation of areas that need improvement.

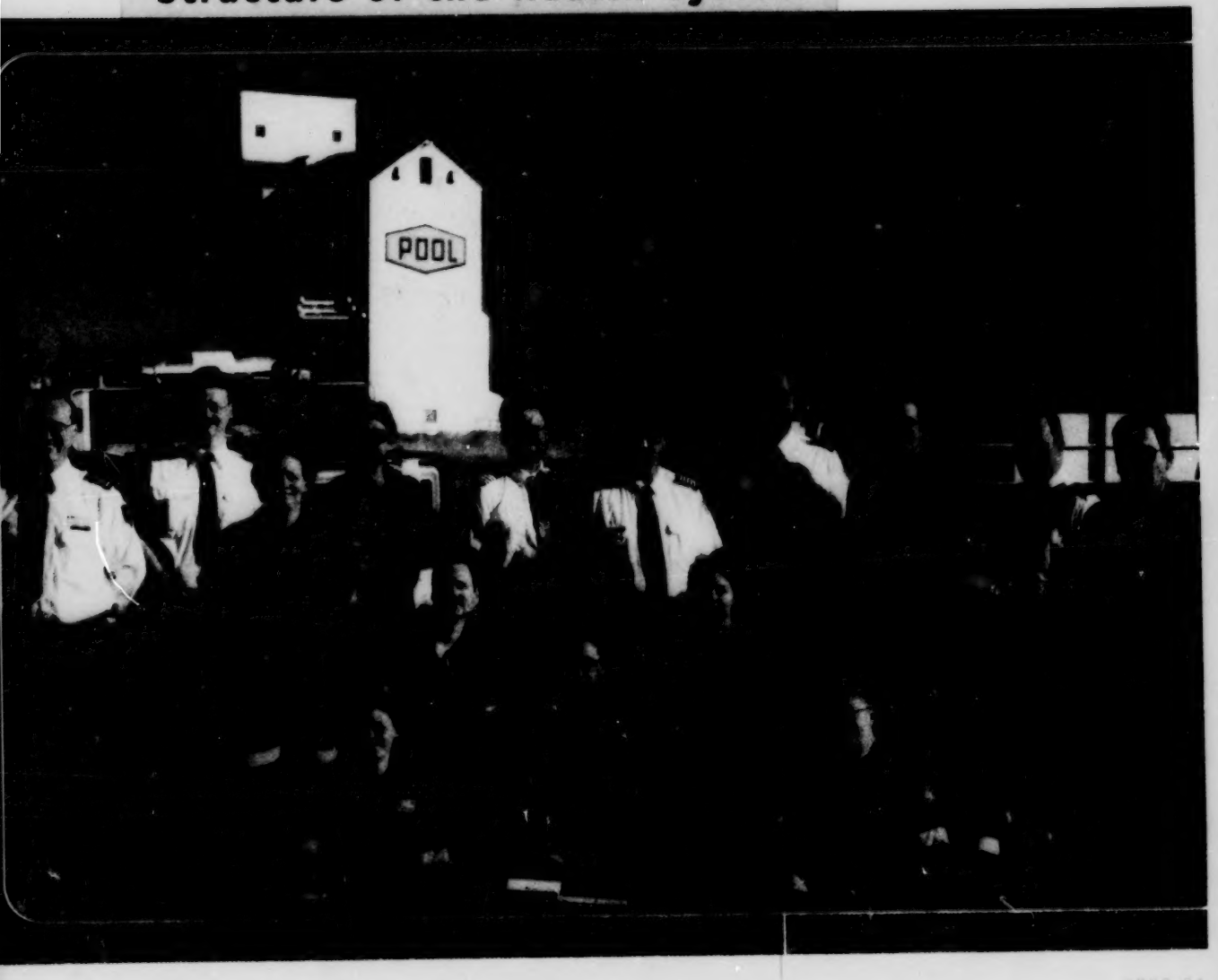
This annual report is divided into six main sections: Structure of the Health System, Issues and Challenges, Review of 2000-01, Health Spending in Saskatchewan, Financial Statements and Appendices. The largest section, Review of 2000-01, summarizes initiatives, programs and events funded by the department during the past fiscal year. This section features some newly-developed "performance indicators." As the name implies, these indicators help measure the department's performance in delivering health services and in meeting its mandate: supporting Saskatchewan people to achieve their best possible health and well-being.

The review section includes four headings which reflect Saskatchewan Health's four goals:

- Providing quality health services;
- Improving your health;
- Building a strong workforce; and
- A sustainable, efficient and accountable health system.

This annual report also features more in-depth facts about the cost of individual health services used by Saskatchewan people, financial statements, legislative changes passed in 2000-01, telephone numbers for further information about services and the organization of health districts in Saskatchewan.

# Structure of the Health System



# STRUCTURE OF THE HEALTH SYSTEM

In Canada, both the federal and provincial governments play major roles in the provision of health care.

The federal government provides funding to support health, education and social services through the Canada Health and Social Transfer (CHST). Transfers to each province are based on population. To guide the use of this funding, the *Canada Health Act* outlines a number of principles to which provinces must adhere in delivering insured hospital and physician services to their residents.

The federal government is also responsible for providing health services to certain members of the population (e.g. veterans, military personnel and First Nations on reserve) and for maintaining the safety of food and drugs, as well as various health products in Canada. For example, the federal government is responsible for the evaluation and licensing of new drug products that come on the market through the *Food and Drugs Act*.

Provincial governments are responsible for all other aspects of health care delivery. As a department within the Saskatchewan government, Saskatchewan Health sets policy and standards for health services and administers the province's health budget of more than $2 billion.

The department is made up of a number of branches that focus on key areas. For example, the Drug Plan and Extended Benefits Branch provides support for prescription drug coverage and additional health benefits for low-income families.

Saskatchewan has 32 health districts, serving the province's population of about one million residents (see health district map page in Appendix III). Local boards, that include both appointed and elected representatives, govern the districts.

Districts receive funding from Saskatchewan Health. This funding, which totalled close to $1.3 billion in 2000-01, is based on population and adjusted for a number of factors such as age and gender and where people go for service. Districts are responsible for assessing local health needs, then using their available funding to plan and deliver health services to meet those needs. For example, districts operate hospitals and health centres and deliver a wide range of community-based services such as home care, mental health and addictions services, public health services and various other programs to help residents stay healthy.

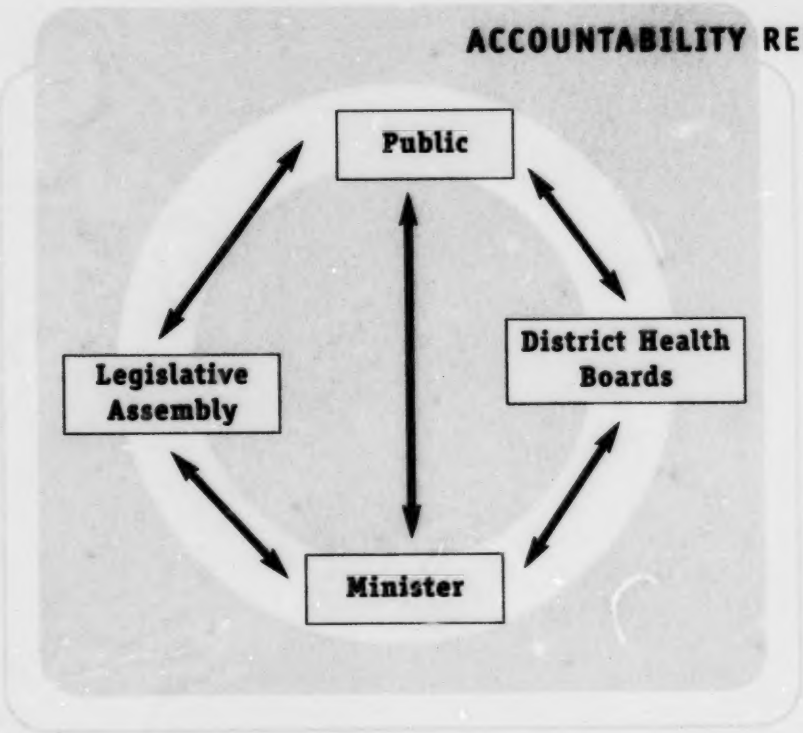
While districts have flexibility in tailoring local services, they work closely with Saskatchewan Health to maintain overall standards, so residents can be assured of a consistent quality and level of service no matter where they live.

Health districts were established through legislation in 1993. Since then, their role has continued to be refined. Because districts are responsible for the day-to-day delivery of health programs and services, district boards and administrators make key program and operating decisions.

The Minister of Health has the ultimate authority and responsibility for the health system overall. The Minister oversees the work of Saskatchewan Health and is accountable to the Legislature. Saskatchewan residents also have key responsibilities within the system; such as using health care resources wisely.

## STRUCTURE OF THE HEALTH SYSTEM

### ACCOUNTABILITY RELATIONSHIPS




Given the intricate relationships between governments, health districts and health providers, residents can sometimes be unsure about who to turn to when they experience problems with the health system. Because most direct contact with health services is at the local level, all health districts have one person who is responsible for investigating questions or concerns about services. These "Quality of Care Coordinators", or "Client Representatives" provide the following services to the public:

- Helping residents with questions or concerns about district health services;
- Ensuring residents are aware of their rights and options; and
- Using comments to recommend changes and improvements to enhance the quality of health services delivered in health districts.



To speak to a Quality of Care Coordinator or Client Representative, contact the district in which you received care.

A complete list of health districts and phone numbers can be found on Saskatchewan Health's web site at www.health.gov.sk.ca.

# Issues and Challenges

## ISSUES AND CHALLENGES

As we move into the 21st Century, governments across Canada are grappling with the many challenges of maintaining a publicly funded, publicly administered health system. These issues include: rising costs and demands for services, new technologies, shifting population trends, the difficult balance between "prevention" and "treatment," and a work force growing weary of increasing demands on their time and energy.

### SERVICE DELIVERY CHALLENGES

What does it mean when we talk about providing reasonable access to health services? As outlined in Saskatchewan Health's mandate, we strive to ensure all our residents receive health services that help them achieve their best possible health and well being. To the average citizen, it all boils down to this question — "Will my family members and I be looked after if someone gets sick or injured?"

Expectations of the health system are high. People expect that everything that can be done to improve their health and well being will be done — and without delay. As our ability to offer new treatments, new drugs and new cures expands, the demands on the system rise as well.

In the next ten years, it is expected that our province will face a number of issues and challenges in continuing to deliver quality health care within our financial means. Some of these include:

- ***Demographics*** – Data shows that the number of people in Saskatchewan over age 85 is expected to increase by 20 to 30 per cent over the next 20 years. As well, within 50 years, our aboriginal population is expected to grow to one-third of the total provincial population from the current 13 per cent. Currently, both seniors and aboriginal people tend to be higher users of health care, so these trends may have a future impact on service demands.

- ***New Technology and Drugs*** — Every year we see exciting medical advances such as new methods of diagnosing illness, new procedures, treatments and drugs. Many of these advances have the potential to improve our quality of life and make health care more efficient. Some, however, come at a high price. Still others offer the prospect of better health outcomes but we may lack the evidence to clearly indicate the impact on the health of the population.

- ***Waiting Times for Surgery*** — Waiting times for elective surgery and diagnostic tests is a key area of concern for people. While emergent and urgent surgeries are done promptly, waiting times for certain elective procedures are getting longer. There is a clear need to respond by ensuring fair, timely access for all residents. The general perception is that more money will solve the problem. In fact, it appears that more money — in and of itself — is a short-term answer at best to a very complex problem. For more information on steps being taken in this area, see pages 44-46 of this annual report.

- ***Health Status*** — We know that children born with health problems or into conditions of poverty tend to make greater use of health resources throughout their lives. Currently, almost 19 per cent of

children in Saskatchewan live in poverty. Our rate of teenage pregnancies is the second highest in Canada, although we are making progress. While our province is expanding programs to ensure a healthy start to life for all children, these are long-term efforts that must go beyond the health system.

## DETERMINANTS OF HEALTH

Throughout the world there is increasing effort to shift the focus from acute care to addressing the determinants of health. Quite simply, this means spending more time and money on keeping people healthy and preventing disease. There are many factors such as income, meaningful work, social supports, education, housing, genetic factors, early childhood development and lifestyle choices that influence a person's health status.

Saskatchewan has recognized the benefits of putting more emphasis on addressing these determinants, instead of trying simply to treat the results of bad health. The problem is, these are often viewed as competing priorities.

In general, people recognize the importance of a clean environment, a good job and decent housing. But when people are sick, they want care. The dilemma is to balance the more immediate, pressing needs of the hospital sector with the less immediate benefits of a long-term population health approach.

## HEALTH CARE PROVIDERS

Without people to deliver the services, there can be no health care system. Nursing is by far the largest health care profession, making up about 40 per cent of the health workforce, according to the latest Health Employer's Survey conducted by Saskatchewan Health. That number grows to nearly 60 per cent when nurses aides in home care and long-term care facilities are considered. Physicians make up about seven per cent of the health workforce. The most recent census data shows that Saskatchewan's population is ageing and that is reflected in the health workforce. According to the Canadian Institute for Health Information (CIHI), between 1994 and 1999, the number of registered nurses under the age of 35 decreased by 21 per cent, while those aged 50 and over rose by 19 per cent. Similarly, the percentage of the general population of the province aged 50 to 59 rose by 16 per cent. The average age of physicians in Canada is rising as well.

With increasing competition for nurses all across North America, governments and the public share concerns about a scarcity of these professionals. Historically, Saskatchewan has had difficulty in retaining and recruiting nurses and doctors, particularly in rural and northern areas. As health districts struggle to fill vacancies while meeting patient needs, this can lead to increased demands (eg. overtime and risk of burn-out) on existing staff.

These difficulties apply to just about every health profession — for example, medical radiation technologists, physician specialists such as anaesthetists, public health inspectors, physical therapists and speech and language pathologists, to name a few. Yet in Saskatchewan, the numbers of most of the health care providers actually increased through the 1990s. For a more detailed review

of this issue, and Saskatchewan Health's actions to recruit and retain health providers, refer to Review of 2000-01 – *Building a Strong Workforce* (page 36).

**EFFECTIVENESS AND ACCOUNTABILITY**

Operating a financially sustainable health care system is an immense task. Total health care spending in Canada has risen steadily from 1975 to the early 1990s. There are several estimates that suggest that demand for health care services and the costs of these services will continue to rise over the next several years, outstripping the growth of government revenues.

One of the keys to ensuring quality and efficiency for every dollar spent is getting better information for decision-making. We have made some progress in improving the amount and quality of information used to make decisions about health service delivery. However, there is still much work to be done in this area.

Issues of governance, that is, how governments, health districts and health care providers work together, must also be addressed. In recent years, the pressure on dollars for both the province and health districts has created pressure on the existing governance arrangements. In some cases, the lines of responsibility and accountability have become less clear, fuelling the public's sense of unease about who is making decisions about healthcare delivery.

Typically, when asked to identify the number one issue facing the province, Saskatchewan residents identify health care. This is indicative of the public's concern over health care "quality," the funding of health care, and the ability of the system to meet their needs in the future.

Today, more than ever before, residents have greater access to health care information. As they become better-informed consumers of health services, people want to play a role in their health care decisions. They are demanding more services and a wider range of options to manage their health and wellness. This has led to an increase in the use of health services, demand for shorter waiting lists, growing demand for advanced technology and surgeries, and for support services (eg. home care, respite care). It has also been a factor in the steadily growing costs of providing health care across Canada. Responding to, and managing expectations, and maintaining confidence in the publicly funded health care system will continue to be major challenges in the years ahead.

# Review of 2000-01

# REVIEW OF 2000-01

To review the activities of Saskatchewan Health and its partners for 2000-01, this chapter has been divided under four headings to reflect the department's goals.

The first section, *Providing Quality Health Care*, examines the notion of "quality" as it relates to health care and outlines some of the specialized programs and services offered in Saskatchewan and their effects on residents.

*Improving Your Health* offers a snapshot of the health of our population through measures such as "self-rated health status" and infant mortality rates. It also provides details on how the department continued its efforts to achieve a healthier population in 2000-01 through, for example, immunization services, smoking reduction programs, and public health services.

The health care system employs tens of thousands of people in Saskatchewan, in work places ranging from laundry rooms to operating theatres. The section, *Building a Strong Workforce*, examines how Saskatchewan Health is striving to achieve its goal of a workforce that is representative, productive, satisfied and a partner in solutions. Where possible, facts and figures are presented to show how our province is competing for health care providers amidst a world-wide shortage.

Finally, the section *A Sustainable, Efficient and Accountable Health System* examines steps the department is taking to ensure we can deliver effective health services within our province's financial means. We know that Saskatchewan people want the best possible health care services but is "more" health care, regardless of the cost, the answer?

In all sections, we have attempted to provide whatever information is currently available to measure how the health system is performing. Providing facts on service and health outcomes is an important mechanism in becoming more accountable to the people of Saskatchewan.

Unfortunately, few reliable measures exist at this time. And where they do exist, there is disagreement on how to interpret the results. In addition, many of the factors that are vital in determining good health — for example, poverty, housing, and education levels — are outside the health care system.

For the time being at least, as our ability to set goals and measure outcomes evolves, there will continue to be a reliance on more traditional measures of health system performance — counting numbers of surgeries, doctors, MRI scans and other "outputs." These are far from perfect measures of health system performance, but are indicative of how far we still have to go in developing reliable measures.

Despite these shortcomings, the review portion of this annual report will endeavor to provide an honest and accurate portrayal of what the department has done in an effort to achieve its goals.

In future years, readers will see a growing emphasis on "outcome and performance-based" reporting as more and more goals and performance indicators are developed and put into use as a means to improve accountability to the public.

# PROVIDING QUALITY HEALTH SERVICES

**BY THE NUMBERS**

- In a January 2001 public opinion survey, 85% of residents rated the quality of health services they or their family members received as excellent or good.
- Saskatchewan's death rate from cancer is 171.5 per 100,000 residents, the second lowest among the 10 provinces.
- Mental health services are available in more than 100 different centres, serving approximately 25,000 clients each year.
- Every year, 2,200 Saskatchewan residents suffer a brain injury. The leading causes are falls by children and the elderly and motor vehicle accidents.
- Approximately 93,000 surgeries are performed in Saskatchewan every year. This is an average of about 255 surgeries every day.

## PROVIDING QUALITY HEALTH SERVICES

Defining the quality we expect in our health services is not a simple task. How do you measure excellence? Is it a satisfied, healthy client? Is it prompt attention when you are sick or injured? Or does it depend more on the skills of the health service provider or the facilities and equipment used? There are many variables that may come into play when we attempt to define a vision for "quality" in health service delivery.

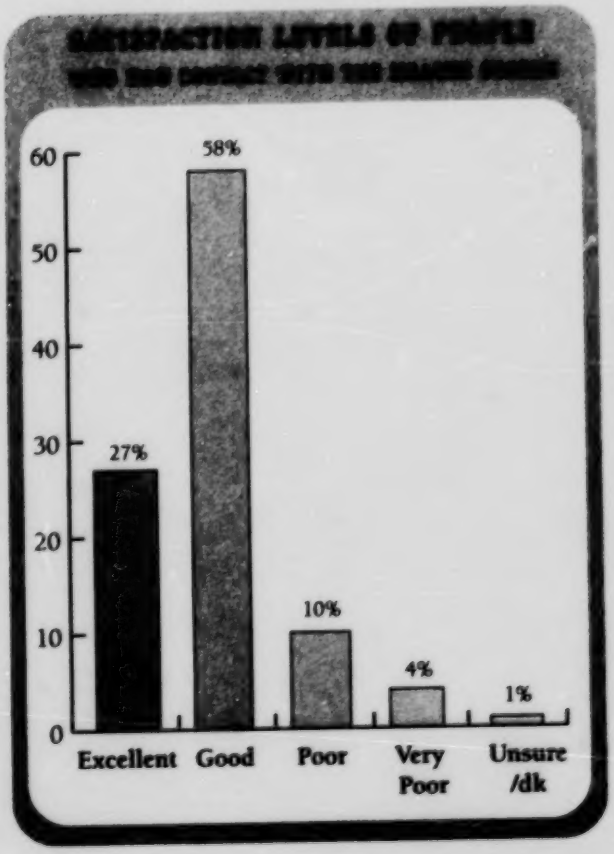
The meaning of the term "quality" and how to measure it are matters of opinion. The Canadian Institute of Health Information (CIHI) has determined that no single measure of quality exists and that the best approach is to use a variety of quality indicators. By measuring quality in a number of ways, Saskatchewan Health can gather information to determine how programs and services should be refined to make them more effective or responsive to the needs of Saskatchewan people.

***Public Opinion as a Performance Indicator***

One way to measure quality is to look at the perceptions of people who use the health system. In order to gauge public satisfaction with health services, Saskatchewan Health takes part in the government's regular Omnibus polling. These polls involve a sample of 1,000 Saskatchewan residents, chosen randomly from urban and rural areas across the province in a demographically representative manner.

Residents are asked if they, or any member of their immediate family, have received health services in the past 12 months and, if so, how they would rate the quality of the care.

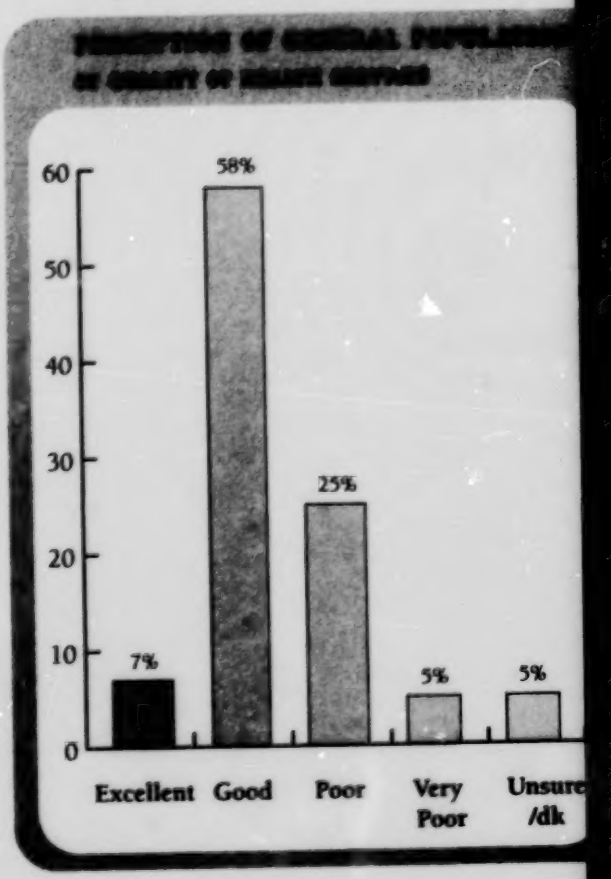
- The results from January 2001, show that 85 per cent of residents who had contact with the health system found the services to be either excellent or good.




The same research, however, shows that perceptions about the state of the health system overall are not so positive. In another typical question, residents (both those who have used the system and those who have not) are asked to rate the current level of health services provided in the province.

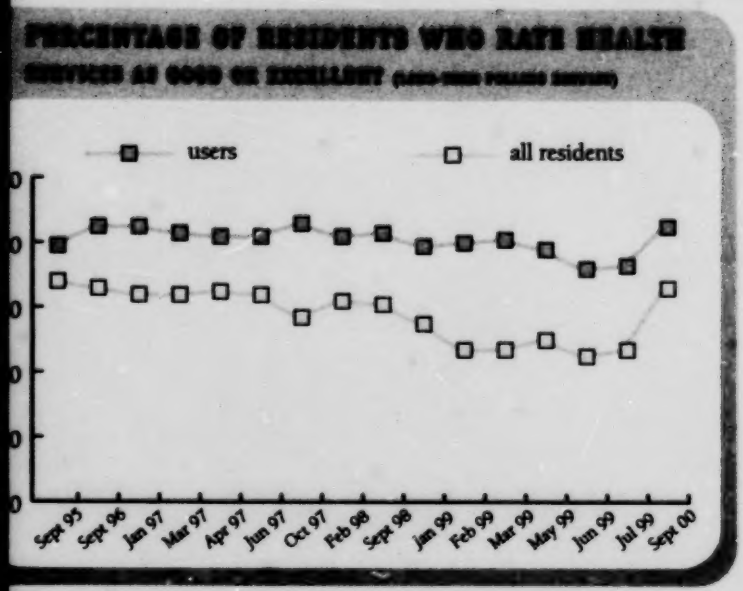
- In January 2001, 65 per cent of residents rated the current level of health services as either excellent or good.

There may be a number of reasons for the "gap" between the positive experience people have with health services, and their perceptions of the system overall. For instance,




these broader perceptions may be coloured, in part, by negative anecdotes in the media or on coffee row or concerns about the future. In any case, public perceptions of services received, the system overall, and the gap between them, have been remarkably consistent over the past six years.

On a broader level, the future of health care is viewed as the most pressing issue on the




public agenda. In January 2001, 29 per cent of respondents singled out health care as the most important issue facing Saskatchewan.

***National Comparisons***

While public satisfaction can provide one measure of quality, it is also useful to look at how Saskatchewan is performing in select areas compared to other jurisdictions.

A May 2001 report released by the Canadian Institute for Health Information titled "Health Care in Canada: Second Annual Report" is a comprehensive look at the current status of Canada's health care system. It is useful because it includes comparative data that reveals where Saskatchewan rates nationally in many areas. This kind of information helps to provide some indication of the performance of Saskatchewan's health system.

While these comparisons can provide a useful measuring stick of quality in our province, they are subject to interpretation. For example, do high rates of surgery indicate success, or do they point to a failure to prevent problems, or make full use of other less invasive, less expensive alternatives? Does spending more money on health care than the national average necessarily lead to better health for our citizens? Some example of national comparisons include:

- Regina (75) has a lower number of specialists per 100,000 population than Saskatoon (132) and the national average (91).

- Regina (61) performs the same number of knee replacements per 100,000 population as the national average (61), while Saskatoon (88) has a higher number of knee replacements per 100,000 population than Regina and the national average. [Note: These figures are age standardized, which means they have been adjusted to account for higher proportions of seniors in Saskatchewan.]

- Regina (15.2%) and Saskatoon (17.4%) have lower proportions of deliveries by caesarean sections than the national average (19.2%).

- Saskatchewan spent $2,340 per person on health care in 2000-01, ranking 3rd in the country and above the national average of $2,198. [Note: Figures are not age-standardized.]

## CANCER SERVICES

Cancer is one of the leading causes of illness and death in North America. Nearly every person has some contact with this disease during their lifetime—if not personally, then through family or friends.

- Every year in Saskatchewan more than 46,000 cancer treatments are given to an average of 4,500 patients at the Saskatoon and Regina Cancer Clinics.

While the timeliness of access to cancer treatment in Saskatchewan continues to be within nationally accepted standards, the Saskatchewan Cancer Agency (SCA) has faced some challenges with the rising cost of cancer drugs and the competition across North America for skilled staff.

***The SCA received $2.2 million in new funding in the 2000-01 health budget. That brings the agency's overall budget to approximately $33.6 million – an increase of more than 7% over last year's budget.***

The SCA received a 7 per cent increase in its budget in 2000-01. The new money helps the agency to:

- cover the pay raises negotiated through collective bargaining;
- manage the high cost of cancer drugs, such as new chemotherapy agents; and
- continue specialized services like the stem cell transplant program.

The Cancer Agency also received $4.2 million in one-time funding for the purchase and installation of a new linear accelerator and computerized treatment planning system at the Allan Blair Cancer Centre in Regina. Construction of a bunker to house the new treatment equipment was started in mid 2001 and the new linear accelerator is scheduled to be installed and operational by spring 2002.

The Community Oncology Program enables many patients to receive chemotherapy treatment within their own community. This program was initially piloted in 1996-97 with four health districts.

- Currently, there are 19 fully certified community facilities in the province which are able to provide selected chemotherapy treatments to patients in their own community.

The Provincial Stem Cell Transplant Program continues to expand. The provision of this specialized service in our province ensures that more cancer patients can be effectively treated closer to home, reducing the financial and emotional burden of travelling large distances to receive treatment.

- Since the inception of the program in 1998, 112 patients have been referred to the Stem Cell Transplant Program.

The best way to beat cancer is to detect and treat it at an early stage. The Cancer Agency is

responsible for the Screening Program for Breast Cancer, which is delivered free of charge to women aged 50 to 69 across Saskatchewan.

This kind of early detection, combined with the timely treatment offered by the Cancer Agency, likely plays a large role in Saskatchewan's lower-than-average cancer death rate, as reported in "The Canadian Cancer Statistics 2000".

**DID YOU KNOW?**

***The Screening Program for Breast Cancer in Saskatchewan has the highest participation rate in Canada with more than 36,400 women screened every year.***

## ACUTE CARE SERVICES

As of March 31, 2001, there were 68 acute care hospitals, one rehabilitation hospital; and 77* health centres operating throughout Saskatchewan (*Hospitals in Carrot River, Uranium City and Wawota have been operating as health centres.) A complete listing of hospitals can be found in Appendix IV.

The provision of acute care services is changing. New technologies and advances in the practice of medicine and the development of more community-based alternatives are allowing service levels to be maintained with fewer inpatient hospital beds. New drugs may also allow certain conditions that used to require surgery to be treated with drug therapy instead.

Taking into account differences in population size and age/sex composition, Saskatchewan residents spent 11 per cent more days* as hospital inpatients than did other Canadians. Calculated in the same way, other provinces' age-sex-adjusted use of inpatient hospital days ranged from 26 per cent below Saskatchewan's (in Ontario), to 28 per cent above (in Manitoba). These differences may in part be due to how services are delivered (for example, providing convalescent care in nursing homes or at home rather than in hospital). *Canadian Institute for Health Information, 1998-99 data.

Another way of measuring hospital use is to examine whether or not people who visit a hospital have to be admitted, and how long they have to stay.

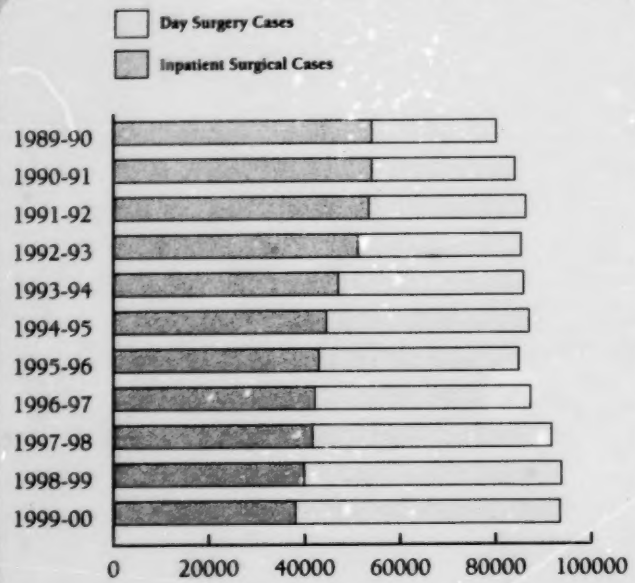
Increased day surgery, same day admission for surgery and diagnostics, more outpatient services, and expanded home care services all play a role in reducing inpatient admissions and the average length of a hospital stay. These new procedures and techniques are also less invasive for patients, come with less risk and discomfort, and lead to faster recovery.

**DID YOU KNOW?**

***The average acute care hospital stay declined from 7.2 days ten years ago and 6.1 days five years ago, to 5.6 days in 1999-00.***

Day surgery as a proportion of total surgical cases has grown dramatically over the past decade. Overall, total surgeries performed in 1999-2000 were about 16 per cent higher than ten years ago. Within that total, inpatient surgical cases declined by about 30 per cent over that period, while the number of day surgery cases* more than doubled (see graph – Inpatient vs. Day Surgeries).

**GROWTH OF DAY SURGERY VS. INPATIENT SURGERY**




* day surgeries as identified on the Canadian Institute for Health Information's 1991 list of operative procedures.

## SPECIALIZED HOSPITAL SERVICES

### *Surgical Services*

While surgeries are provided in a number of communities across Saskatchewan, the majority are done in larger centres with more highly specialized hospitals. To illustrate, approximately 70 per cent of all surgeries are performed in Regina and Saskatoon. The five largest regional centres — Prince Albert, Moose Jaw, Yorkton, Swift Current and North Battleford—do most of the remaining surgeries.

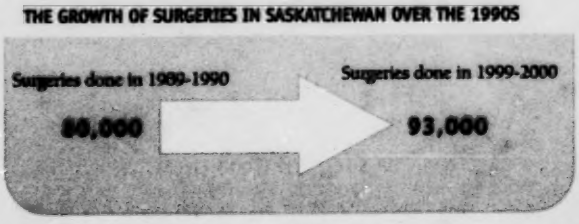
- Overall, 93 per cent of surgeries are done in these seven communities.

Annual surgical volumes grew during the 1990s. The most recent full-year figures available at the time of printing are from 1999-2000. They show that approximately 93,000 surgeries were performed that year. This total is about the same as the 1998-99 total, but up substantially from ten years ago.

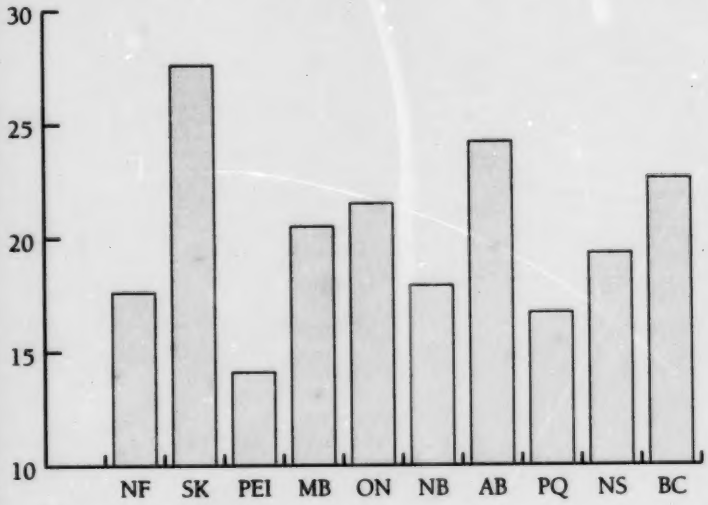
Figures from the Canadian Institute for Health Information (CIHI) indicate that Saskatchewan performs a number of surgeries at high rates compared to other parts of Canada. For example, the latest comparative figures available from CIHI showed that rates of hip and knee replacements in Saskatchewan were among the highest in the country in 1997-98.

Similarly, Saskatchewan has one of the highest rates of cataract surgery in the country. Volumes of this surgery have almost doubled in our province over the course of the 1990s. A study by Noralou P. Roos and Randy Fransoo at the University of Manitoba published in Healthcare Management Forum Vol. 14, No. 1 Spring 2001, showed Saskatchewan with the highest rate of cataract surgeries per 100 residents over age 50 (adjusted for age and sex) of any province. (based on 1995/96/97 data)

**THE GROWTH OF SURGERIES IN SASKATCHEWAN OVER THE 1990S**



**CATARACT SURGERY** PER 1000 RESIDENTS AGED 50+, 1995/96-96/97




It might be concluded that these high volumes of surgery equate to better access and better outcomes for Saskatchewan people. On the other hand, it raises the question: are we providing more cataract surgeries than is necessary?

Interestingly, a recent study that looked at the appropriate use of cataract surgery was done in British Columbia (Wright and Paradise, 2001). It showed that many cataract operations are now carried out for patients with relatively minor eyesight problems. Further, the study reported that patients with less serious problems before surgery were more likely to report no change or a deterioration in their eyesight following the surgery.

**DID YOU KNOW?**

***Saskatchewan's per capita rates for cataract surgery and hip and knee replacements are among the highest in the Canada.***

Saskatchewan people waiting for cataract surgery make up about one-quarter of the people on waiting lists in Regina and Saskatoon, and many have relatively long waits for their surgery.

Ensuring fair, reasonable waiting times for all residents is a key priority for Saskatchewan Health. Further information on actions taken to improve surgical waiting times can be found later in the Review of 2000-01 section, under the heading, *A Sustainable, Efficient and Accountable Health System (page 41).*

***Renal Services***

Saskatchewan Health participates on the Provincial Integrated Renal Program Steering Committee. The committee's task is to improve services available to patients and individuals at risk of kidney failure. This is valuable because Saskatchewan has a high rate of residents suffering from end-stage renal disease relative to other provinces in Canada.

The committee advises the districts and the department on all aspects of the integrated renal program — prevention, dialysis, transplant and organ donation and research. A number of initiatives have occurred through the committee's advice including:

- Renal dialysis services were brought closer to home for more patients with the opening of the satellite service in Swift Current in April 2000. Sites providing renal dialysis services include Regina and

Saskatoon, Prince Albert, Tisdale, Lloydminster, Yorkton and Swift Current.

- A Provincial Renal Data Management System was implemented. This allows for more effective tracking of patients in all forms of treatment, including hospital dialysis, home dialysis and transplantation. Better information will assist in better program planning and facilitate research. Saskatoon and Regina started using the system in May 2000 with remaining satellites joining the system in 2001.

***Specialized Medical Imaging***

Access to specialized medical imaging services including MRI, CT and bone mineral density testing was improved in Saskatchewan during 2000-01.

Computerized Tomography (CT) and Magnetic Resonance Imaging (MRI) are diagnostic tests that provide high-resolution pictures of the structure of any organ or area of the body which can help physicians determine a wide range of medical conditions. Both scanners provide detailed pictures of areas of the body that are inaccessible by conventional x-rays. The machines are large, complex and expensive to purchase and to operate.

In 2000-01, the province had three MRI scanners in operation — two in Saskatoon and one in Regina — and eight CT scanners in Saskatoon, Regina, Prince Albert, Swift Current and Moose Jaw. The use of these technologies has grown steadily. Approximately 12,000 MRI tests were done in 2000-01, a 30 per cent increase from the previous year. The approximately 62,000 CT tests represent a 15 per cent increase from the year before, and are double the volumes in 1992-93. However, even with the increase in the service, waiting times and waiting lists increased. This is in part due to the relatively new equipment that is able to be used to diagnose a wider range of conditions resulting in a greater number of referrals from physicians.

In October 2000, the Regina district also started to provide a bone mineral density testing service in order to serve residents in southern Saskatchewan. Previously, the Saskatoon district was the sole provider of this service in the province. This kind of diagnostic testing is helpful in monitoring the treatment of osteoporosis.

## EMERGENCY MEDICAL SERVICES

The Saskatchewan Air Ambulance is an important service, particularly for residents in rural and remote areas of the province. The program, known as Lifeguard, is administered by Saskatchewan Health and is based at the Saskatoon airport.

**DID YOU KNOW?**

***Saskatchewan's Air Ambulance Program, established in 1946, is the oldest, non-military air ambulance program in the world.***

- The Saskatchewan Air Ambulance Service provided 1,123 flights in 2000-01 to transport critically ill or injured patients who need specialized care.

- Saskatchewan has 113 road ambulance services. In 2000-01, they responded to 83,994 calls.

- More than 1,300 emergency services providers (emergency medical responders, emergency services technicians, paramedics and registered nurses) work with the ambulance services.

- There are more than 1,500 trained First Responders in the province. First Responders are community-based, rapid response volunteers who are linked with local ambulance services. These volunteers can provide First Aid, CPR and other basic emergency care until the ambulance arrives.

While Saskatchewan Health provides funding to health districts to help cover the cost of road ambulance services, patients are responsible for paying a fee for all trips except those between hospitals in the same city. There are, however, programs to reduce or eliminate these fees for seniors and lower-income families.

- The Senior Citizens' Ambulance Assistance Program (SCAAP), for example, handled more than 9,500 claims in 2000-01. Under this program, Saskatchewan senior citizens (age 65 and over) pay only the first $250 of the cost of a ground ambulance trip, with the balance being covered through SCAAP.

## SERVICES FOR SENIORS

Seniors make up a large proportion of Saskatchewan's population. Currently one in seven (14.4%) or 147,689 people in the province are 65 years of age or older. This proportion will increase as "baby boomers" start entering their older years.

**DID YOU KNOW?**

***In twenty years (2020), one in six people (17.3%) in the province will be at least 65 years of age.***
*(Saskatchewan Bureau of Statistics, 1999)*

Seniors are the most frequent users of the health system, and make up the largest part of the clientele within special care or personal care homes and home care services.

***Provincial Advisory Committee of Older Persons***

The Provincial Advisory Committee of Older Persons was established in 2000. It provides advice and guidance to the Minister on issues that are important to Saskatchewan seniors. The committee is focusing on things like:

- Healthy living;
- Health issues;
- Lifelong learning and active living; and
- Contributions of older persons/community involvement.

## SPECIAL CARE HOMES

Special care homes, also known as "nursing homes" are licensed under *The Housing and Special Care Homes Act* and are funded by government through district health boards.

When a family member's care can no longer be met through home care or other community-based options, placement in a special care home is considered. Each individual is assessed and prioritized for placement based on that assessed need. Many districts offer the person with greatest need and at the greatest risk the first available bed, with the option to transfer to the facility of their choice when a bed becomes available there.

Residents of special care homes pay a charge that is based on annual income plus any earned interest. The resident charge represents approximately 25% of the cost of an individual's care and accommodation. The resident also pays for their medication and for some personal supplies.

In Saskatchewan the long-term care system includes both long-term accommodation and respite services that provide relief for family care providers.

- Adult Day Programs provided support to family care providers with 1,202 adult day program participants reported as of March 31, 2001.
- Services were delivered by 158 licensed special-care homes and approximately 35 other long-term care units, in hospitals, to a total of 8,878 residents as of March 31, 2001. All these beds are publicly subsidized.
- The institutional respite care program served 3,301 discrete residents to March 31, 2001.

***Minimum Data Set***

One of the key initiatives being implemented for long-term care is something called the Minimum Data Set (MDS). This is a new type of assessment and information system that assesses residents in long-term care facilities. It helps improve client care by supporting better care planning, quality indicators, (eg. how many falls did the facility have) and outcome measurements which could result in changes to programs or service. More than half of all the special care homes in the province are now using MDS with the rest to follow within a year or two. This new system also allows comparisons with other facilities, health districts, provinces, or even other countries.

**DID YOU KNOW?**

***Saskatchewan currently has 118 special care home beds per 1,000 residents aged 75 and over. This is the second highest of all provinces and above the national average of 101 beds per 1,000 aged 75 plus.***

## PERSONAL CARE HOMES

Personal care homes are privately owned and operated facilities that offer accommodation and meals, supervision or assistance with personal care to people who generally do not need or do not want the level of health services provided in publicly subsidized special-care homes. Personal care homes can accommodate up to 40 individuals. Facilities licensed under other forms of legislation do not have to be licensed under *The Personal Care Homes Act*.

Residents of personal care homes do not have to demonstrate their need to be admitted. They are there because they choose to be, or because they feel they want the level of service provided, but they pay the full cost of their care.

- As of March 31, 2001, there were 261 licensed personal care homes in 27 of the 32 health districts in Saskatchewan, with the ability to care for 2,341 residents.

## HOME CARE

Most people who are sick or need some personal help would prefer to stay in their

own homes. The purpose of home care in Saskatchewan is to help people who need acute, palliative and supportive care to remain independent at home. Home care can sometimes be substituted for hospital or long-term care admissions. Home care services include case management and assessment, nursing, meals, therapies (such as occupational or physical therapies), personal care, home management, respite, minor home maintenance, and certain volunteer services such as visiting, security calls, and transportation. Admittance to the home care program is based on assessed need and the risk to the individual if support is not provided.

There has been an increased emphasis placed on home care services in recent years and a number of improvements made as a result.

- The program (number of clients) has expanded by about 50 per cent in the last decade to meet the demand.

**DID YOU KNOW?**

***From 1991–92 to 2000-01 provincial funding for home care programming increased from approximately $32.6 million to about $80.4 million, an increase of about 146 %.***

The amount a client pays for the service is calculated at the local level by the district health board based on a provincial fee schedule. The fees are based on the client's income and the number of services needed.

The regular annual adjustment to fees occurred September 1, 2000. All clients, regardless of income, are now charged $5.75 per hour for the first 10 hours in a month. The chargeable items include service like some homemaking and meals. There is no charge for nursing assessment and care coordination, therapy or volunteer services.

- The maximum charge per month ranged between $57.50 and $347 depending again, on a person's ability to pay. Clients can apply for a subsidy and district health boards have the option of reducing or waiving home care fees in cases of serious financial hardship.

- Client fees amount to less than 8 per cent of the total cost of the service.

**TELEHEALTH**

One aspect of delivering "quality" services is making them accessible to residents, including those in rural and remote areas of the province. On June 30, 2000, the 12-month Northern Telehealth Network (NTN) pilot project was completed. The NTN is a partnership between Saskatchewan Health, Keewatin Yatthé Health District, Mamawetan Churchill River Health District, Northwest Health District, Prince Albert Health District, Battlefords Health District, and Saskatoon Health District. A committee consisting of representatives from each of the partners operates the network.

The goals of the pilot project were to:

- Improve access to health services for residents of rural and remote areas of Saskatchewan through audio/video link-ups;

- Provide better practice support for family physicians and other health service providers in rural and remote areas;

- Encourage the most efficient use of specialists;
- Provide continuing education and skill upgrading for health care providers; and
- Improve access to health information and education to patients and the public.

An external evaluation was done which concluded that the network improved access to services for patients/clients, particularly for child psychiatry and dermatology patients. The number of specialist clinics held in the north has remained stable, which means that the NTN has increased access to specialists.

## PROBLEM GAMBLING

There is growing recognition of problem gambling as a health issue that has repercussions for family, friends and communities. Saskatchewan Health provides funding to health districts, Mobile Crisis Centres, and the Canadian Mental Health Association to provide a comprehensive range of prevention, education, crisis intervention and treatment services for problem gambling. In 2000-01, the budget for problem gambling prevention and treatment was $1.5 million.

One of the most valuable programs for residents dealing with problem gambling is the Problem Gambling Help Line. This toll-free help line provides a single point of entry for all problem gambling services 24-hours a day, seven days a week. Callers can receive counselling, crisis intervention services and referrals to self-help groups and health district problem gambling counsellors. The line also responds to problem gambling information requests.

- Mobile Crisis Centres are responsible for the Problem Gambling Help line. Between April 1, 2000 and March 31, 2001, 1,990 calls came in to the Problem Gambling Help Line from gamblers, family and friends. This is an increase in the number of calls to the Help Line of 15 per cent over the previous fiscal year, but a

**HEALTH DISTRICT PROBLEM GAMBLING CASELOADS - 1996/97 - 2000/01**

| | 1996-97 | 1997-98 | 1998-99 | 1999-00 | 2000-01* |
|---|---|---|---|---|---|
| 1st Quarter | 174 | 300 | 296 | 287 | 272 |
| 2nd Quarter | 129 | 148 | 136 | 170 | 117 |
| 3rd Quarter | 125 | 141 | 176 | 152 | 136 |
| 4th Quarter | 93 | 95 | 141 | 206 | 204 |
| Fiscal Year Total | 521 | 684 | 749 | 815 | 729 |

* Preliminary Data.

**CALLS TO PROBLEM GAMBLING HELP LINE BY CALL TYPE - 1996/97 - 2000/01**

| | 1996-97 | 1997-98 | 1998-99 | 1999-00 | 2000-01** |
|---|---|---|---|---|---|
| Gamblers | 1,444 | 1,402 | 1,312 | 1,110 | 1,069 |
| Family/Friends | 508 | 593 | 600 | 410 | 348 |
| More Information | 399 | 369 | 303 | 228 | 573 |
| TOTAL | 2,351 | 2,364 | 2,215 | 1,738 | 1,990 |
| Fiscal Year Total | 3,128 | 3,593 | 3,698 | 2,899 | 3,048 |

* Includes other calls. Other includes crank calls, wrong numbers, winning lottery number calls, etc.
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Problem gambling counselling services are available in all health district service areas in the province. Treatment focuses on outpatient counselling and support for gamblers and family members, assessment for co-existing mental health and substance abuse conditions, financial assessment, budget planning, and relapse prevention. There were no waiting lists for services in 2000-01.

- 729 people received treatment during the period April 1, 2000 to March 31, 2001. This is a decrease of 11 per cent from the previous fiscal year. This also marks the first decrease in problem gambling client caseloads since problem gambling services were first available in 1994/95. The present fiscal year figures indicate a decrease of 5 per cent over the previous 4-year average.

There is no inpatient problem gambling treatment program in Saskatchewan. For clients requiring inpatient services, Saskatchewan Health provides funding for approved clients to attend the A. "Slim" Thorpe Recovery Centre in Lloydminster, Alberta.

- In 2000-01 there were 13 clients referred. This is a 6 per cent decrease from the previous fiscal year.

By the end of 2000-01, Saskatchewan was preparing to launch a study into the prevalence of problem gambling. The last study on problem gambling was done in Saskatchewan in 1993. The purpose of the new study is to develop a more accurate and detailed understanding of the scope and nature of problem gambling in this province. This information will be valuable in helping to tailor suitable prevention and treatment programs in the future.

## MENTAL HEALTH

Mental health services are delivered in all health districts based on community need. The range of services includes prevention, promotion, counselling, rehabilitation and support.

- Mental health services are available in over 100 different centres, serving approximately 25,000 clients each year.

**IN PATIENT TREATMENT FOR MENTAL HEALTH CONDITIONS, 2000-01**

| | |
|---|---|
| Number of patients discharged from mental health units of hospitals province-wide | 4,902 |
| Average Length of Stay | 15.23 days |
| Number of people discharged from Saskatchewan Hospital North Battleford | 161 |
| Average Length of Stay | 288 days |

## ALCOHOL AND DRUG SERVICES

*Rehabilitation/Recovery Programs*

Saskatchewan Health, through its funding to health districts and community-based organizations, provides a full range of recovery services to meet the needs of residents affected by alcohol and drug abuse. These include out-patient counselling, in-patient rehabilitation, detoxification, day patient and long-term residential programs.

*Fetal Alcohol Syndrome*

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### *Fetal Alcohol Syndrome*

Fetal Alcohol Syndrome (FAS) programming continues to be a priority for Saskatchewan Health. FAS is a disability associated with exposure to alcohol in the womb. Provincially, Saskatchewan Health partners with the Saskatchewan Institute on Prevention of

Handicaps, other provincial departments and agencies and interested individuals in the development and delivery of effective FAS prevention, education and intervention programs.

One such program is the *New Beginnings: La Ronge Family Intervention Project*. This is a partnership with the local Early Childhood Intervention Program (ECIP). The program provides home visits and supports to chemically dependent women and their families with the goal of preventing initial or subsequent FAS births.

Saskatchewan Health is involved in the Prairie Northern Fetal Alcohol Syndrome Partnership (PNFASP). The partnership includes the Governments of Alberta, Manitoba, Northwest Territories, Nunavut, Saskatchewan, and Yukon.

One of the challenges, not just for FAS but for all alcohol and drug programming, is ensuring accessible and appropriate programming for special populations such as street involved youth, women, Aboriginal people, and injection drug users.

### EATING DISORDERS

The BridgePoint Center for Eating Disorders was established in the Midwest Health District in 1997 as a provincial program of rehabilitation for individuals with eating disorders and for family members.

It served a total of 270 clients and their family members in 2000-01.

### ACQUIRED BRAIN INJURY

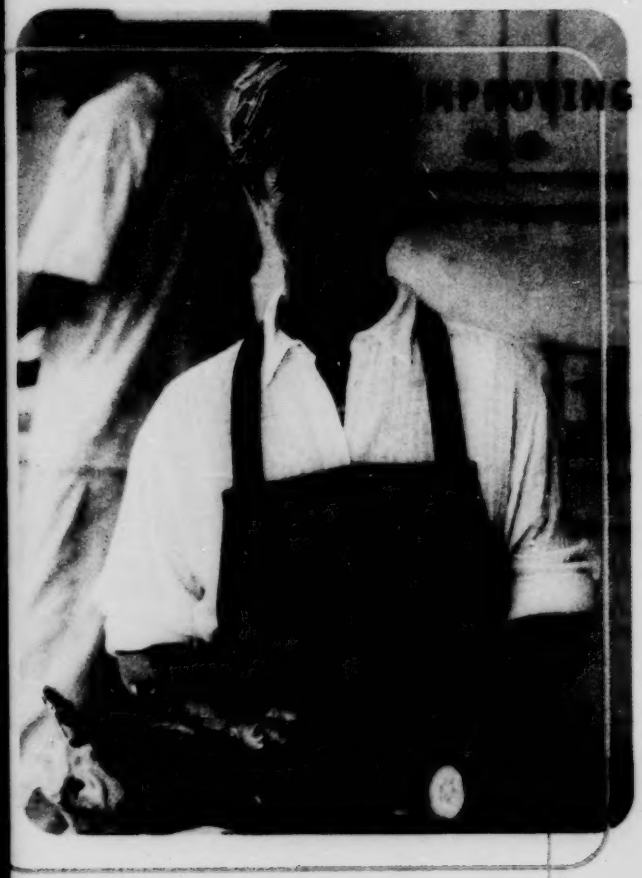
Each year nearly 2,200 people in Saskatchewan suffer a brain injury. Falls by children and the elderly, and vehicle accidents are the leading causes of brain injury. These kinds of injuries can have devastating long-term consequences for the victim and their families.

Saskatchewan Health and Saskatchewan Government Insurance (SGI) established a unique partnership to create an enriched level of community-based services for individuals with an acquired brain injury and for their families.

These services and programs enable clients, families and caregivers to receive education, rehabilitation, life enrichment, residential and vocational services as close to their home communities as possible.

- Overall, the Acquired Brain Injury Partnership Project provided direct services and programs to more than 1,200 survivors and their families in the year 2000.
- The project also reached in excess of 22,000 participants through its education and prevention programs like playground and bicycle safety.

***Each year in Canada, 34,000 people are admitted to hospital with brain injuries. In Saskatchewan, approximately 2,200 people suffer a brain injury each year. The rate of injury in men is twice as high as the rate of injury in women.***



# IMPROVING YOUR HEALTH

## BY THE NUMBERS

- A large proportion of Saskatchewan residents are considered overweight (20 per cent) compared to the national average (15 per cent).
- According to an Omnibus poll released in September 2000, the large majority (81 per cent) of Saskatchewan residents think that strategies aimed at preventing or delaying illness have merit.
- Approximately 75,000 children were immunized to protect them from illnesses such as whooping cough, diphtheria, tetanus, haemophilus influenza B, polio, measles, mumps, rubella, and hepatitis B.
- In a national survey, 61 per cent of Saskatchewan residents rated their own health as "good" or "excellent" compared to a national average of 66 per cent.

## IMPROVING YOUR HEALTH

There is so much more to improving health over the long-term than simply delivering health care services. A wide range of factors such as level of income, education, quality housing, nutrition and social networks can all have a profound impact on an individual's health. These variables are often referred to as the broader "determinants" of health and, if addressed, can have an effect on not only a person's health, but also their level of dependence on the health care system.

Many of these "determinants" are outside the reach of the traditional health care system. However, there are various ways in which health services can make a difference in preventing or lessening health problems, instead of just treating them after the fact. For example, ensuring mothers-to-be have proper nutrition or, helping teenagers avoid the smoking habit — these things are within our reach and can make a difference. Increasingly, health districts are forming partnerships with other agencies — for example school boards — to cut across traditional "sectoral" lines.

The following section outlines some of the highlights about the health of Saskatchewan people, and some of the program changes made in 2000 to try and improve the overall health status of our residents.

## HOW HEALTHY ARE WE?

### *Life Expectancy*

The 20th Century saw dramatic gains in life expectancy in Canada and around the world.

**DID YOU KNOW?**

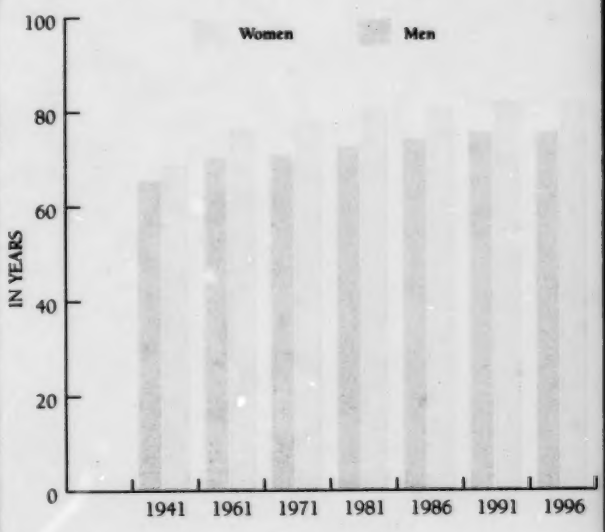
***From 59 years in the early 1920s, life expectancy at birth rose to 69 years in the 1950s and 79 years by 1997.***

***Recent research suggests that, compared to 20 years ago, seniors can expect not only a longer life, but also a better quality of life.***

Compared to other countries, Canada has been near the top of the life expectancy rankings for several decades. (Health Care in Canada 2001 – CIHI)

Life expectancy is not a measure of health system performance, but it is one useful measurement of the population's overall health status. Life expectancy at birth is defined as how long a baby born today can expect to live. Over the last 20 years, life expectancy in Saskatchewan has enjoyed modest increases.

**LIFE EXPECTANCY**




### *Infant Mortality*

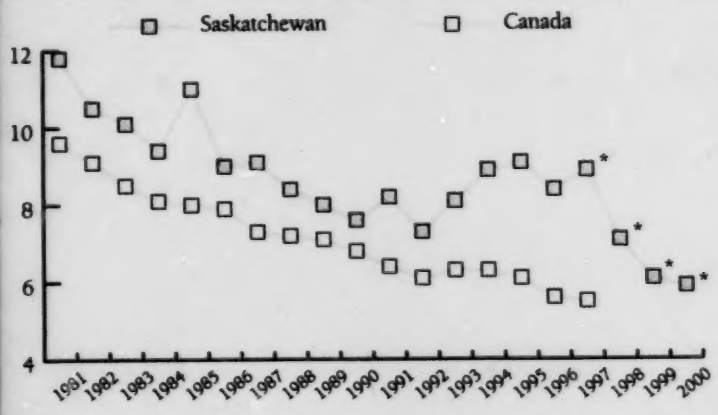
Another widely recognized indicator of a population's health status is infant mortality. These are defined as all deaths of infants under one year of age compared to the number of live births. Stillbirths are not included in the calculation.

The infant mortality rate in Saskatchewan has been declining over the last 15 years. However, in 1998, the most recent year in which comparative data is available, Saskatchewan had the highest rate of infant mortality (8.7 deaths/1,000 live births) among the provinces.

It is not well understood what factors contribute to an infant mortality rate, but world-wide it is acknowledged that socioeconomic factors play a role. To decrease the rate of infant deaths in a community we need to address social factors, not simply increase the availability of health services. Some actions, which can be taken within the health sector that may help contribute to a lower infant mortality rate, include:

- Ensuring mothers-to-be receive timely and continuous pre-natal care;
- Limiting exposure to alcohol and drugs during pregnancy; and
- Ensuring good nutrition during pregnancies, thus lowering the likelihood of a mother having a low birth weight baby.

## INFANT MORTALITY RATE




*Notes:

- Saskatchewan rates for 1981 to 1997 are based on information for Saskatchewan residents regardless of whether the person was born or died in Saskatchewan or outside the province.
- Rates for 1998 to 2000 are preliminary. They are based on information on births and deaths that occurred in Saskatchewan regardless of where the person lived. For example, they include residents of other provinces or countries who were in Saskatchewan at the time of giving birth or at the time of death, and they do not include information on Saskatchewan residents who were born or died outside of the province. Rates may change when final calculations are done by Statistics Canada using complete information for Saskatchewan residents.

Sources:

1. Saskatchewan Health. The Epidemiology of Infant Mortality in Saskatchewan, 1982-1996. May 2000.
2. Statistics Canada. Health Reports- Deaths, 1990, Supplement No. 15, 1992 Volume 4 No. 1, page 38.
3. Statistics Canada. Deaths 1992. Cat. 84-211.4. Saskatchewan Health. Vital Statistics Interim Annual Report 2000

***Self-Rated Health Status***

Another way to gauge the health of Saskatchewan people is to simply ask them, "How would you rate your own health?" Obviously this is a subjective measure, relying on an individual's own perception, but taken in concert with other measures, it can provide useful information.

In a National Population Health Survey conducted in 1999, 61 per cent of respondents in Saskatchewan rated their health as very good or excellent. That was slightly lower than the Canadian average of 66 per cent. One theory for the lower number is that Saskatchewan has a proportionately larger number of seniors who generally have more frequent health concerns.

Other useful measures of health status include the rate of circulatory deaths, cancer deaths and respiratory deaths per 100,000 residents. Comparisons between Saskatchewan, other prairie provinces and the national average show Saskatchewan has a smaller number of circulatory, cancer and respiratory deaths than the Canadian average.



## EARLY CHILDHOOD DEVELOPMENT

The provincial government recognizes that children who do not receive appropriate stimulation and care in their critical early years may not develop to their full potential.

They may also be at risk for developmental delays or in some cases, permanent damage to their physical, mental, emotional and social well-being.

The provincial government has made significant investments in early childhood development, particularly since the introduction of the Child Action Plan in 1993. Beginning in 1997, this area was designated as a provincial priority and a Strategy for Early Childhood Development was approved, resulting in the creation of the Early Childhood Development Unit in November 2000.

**DID YOU KNOW?**

***6% of pregnant women in Saskatchewan receive inadequate prenatal care. That is defined as far fewer than the recommended number of physicians visits prior to delivery.***

The federal government has committed to an investment of $2.2 billion over five years, to improve and expand early childhood development programs. Saskatchewan's share is approximately $73 million, of which $10 million will be used in the 2001-2002 fiscal year.

The funds will be administered by the Departments of Health ($5.6 million), Social Services and Education.

$8.4 million of first-year funding is for KidsFirst, a provincial program that provides intensive early childhood supports to vulnerable children up to the age of five and their families. KidsFirst focuses on eight communities and northern Saskatchewan, where families face challenges like poverty, low education levels, dependence on social assistance, or single parenthood. Eligible families will receive home visits and services like expanded child care and early learning programs. The remaining $1.6 million is for existing programs such as Prekindergarten, Early Childhood Intervention, and childcare and infant mortality reduction initiatives.

## PRIMARY HEALTH SERVICES

The term "primary health services" is often used to refer to the first-contact, everyday health care services that people use in their community. Going to the doctor's office, or getting immunization shots for a child, getting advice on how to manage diabetes or talking to a nutritionist are all examples of primary health services. These services may not get all the media attention, but in reality, they are the unsung heroes of the health care system that have a great impact on improving health and adding quality years to people's lives.

The Primary Health Services (PHS) branch of Saskatchewan Health is devoted to finding new ways to build and improve on the delivery of these everyday services in health districts across Saskatchewan.

The branch promotes a new model of service delivery that emphasizes a team approach. This means doctors, nurses, pharmacists, nutritionists, physiotherapists, health educators and mental health counsellors and others are encouraged to work together as teams, each playing a role in addressing the health needs of local residents. The team can also include professionals from outside the health sector such as education, social services, justice, municipal government and the community. These PHS teams focus on the prevention, diagnosis and treatment of common illness or injury and provide advice on healthier lifestyles. There is a special focus

on getting out to high-risk populations as well as screening and monitoring programs to prevent and manage chronic diseases.

The physicians may also agree to adopt alternative methods of pay. For example, instead of receiving a "fee for service" each time they see a patient, physicians may agree to work for a salary or on contract instead. This makes it easier for them to spend time with patients, providing advice and education to help them maintain and improve their health.

- Through the work of the Primary Health Services branch, five new Primary Health Service sites were established in 2000-01.
- Contracts were signed for the development of two more sites, and preliminary discussions are underway for five additional sites.
- Currently, 19 sites are operating in communities across Saskatchewan, serving an estimated 79,600 people.

## DISEASE SURVEILLANCE AND CONTROL

*Immunization Programs*

Immunizing children against a number of common diseases is an important public health measure.

- In 2000-01, Saskatchewan Health spent more than $4 million to provide vaccines to the province's health districts.

**DID YOU KNOW?**

***Approximately 155,000 Saskatchewan residents received influenza immunization (flu shots) in 2000.***

***This compares to approximately 50,000 residents immunized against influenza in 1991 when the program began.***

- Approximately 75,000 children across the province were immunized to protect them from illnesses such as whooping cough, diphtheria, tetanus, haemophilus influenza B, polio, measles, mumps, rubella, and hepatitis B.

In addition, Saskatchewan Health continued to provide targeted Hepatitis A immunization for people at high risk of Hepatitis A infection. The program was initiated in 1996.

The department also continued to fund the annual influenza vaccine campaign. "Flu shots" were provided to groups (eg. those aged 65 and older) at the highest risk for complications from influenza. Flu shots were also made available to other residents, outside the high-risk category, for a small charge.

**DID YOU KNOW?**

***The number of reported Hepatitis A cases has decreased from 450 in 1996 to 14 in 2000-01.***

## LABORATORY SERVICES

Saskatchewan's Provincial Laboratory is the major public health laboratory providing public health and reference services for the province. The Provincial Laboratory provides population health surveillance data of infectious and communicable diseases. This ensures early detection of outbreaks and thus timely public health interventions. The Provincial Lab is able to identify patterns that

would not be apparent to single health districts. If there is a pattern emerging, the information is forwarded to appropriate agencies.

During 2000-01 the Provincial Laboratory undertook the following initiatives:

- Identified the Norwalk Virus as the cause of a severe outbreak of illness involving several hundred cadets at the RCMP training academy. An electron microscope and DNA technology was used to identify the virus, which cannot be detected using routine laboratory analysis.
- Implemented a new method of testing for Hepatitis C that is currently a referral test, which helps in determining the effectiveness of Hepatitis C treatment.

*Every year, the Provincial Lab performs approximately 1,300,000 tests on samples from patients (eg. blood samples) and tests approximately 90,000 water samples submitted by the public to check for water quality.*

- Used a DNA amplification method on urine for the diagnosis of chlamydia and gonorrhea. This has led to an increased willingness of people to be tested for these two sexually transmitted diseases. This in turn has increased the detection rate of gonorrhea.
- Evaluated two new products designed to screen and confirm a diagnosis of syphilis. Before these test kits were available, indeterminate samples were sent out of province and had a turnaround time of three to four weeks. The evaluation of these new test kits was done on behalf of the North American market and will be presented at a September 2001 conference in Chicago.

**DIABETES**

In 2000-01, Saskatchewan Health formalized an agreement with Health Canada and joined other provinces to take part in the National Diabetes Surveillance System (NDSS).

- Saskatchewan Health will receive $240,000 over four years for its share of the costs of this project.

NDSS gathers information on how widespread diabetes is in Canada, risk factors and determinants of health. This information will be used to support policy development and the delivery of programs related to the prevention, care and treatment of diabetes and its complications. The aboriginal community, Health Canada, and the research community are active NDSS partners in addition to the provinces/territories and private sector.

A Provincial Diabetes Advisory Body was created to provide advice to the department on co-ordination of diabetes programs.

*Saskatchewan has a new Provincial Diabetes Co-ordinator to work with health districts and other stakeholders to develop and co-ordinate comprehensive diabetes programs and services for all Saskatchewan residents.*

Saskatchewan Health is funding a number of demonstration projects aimed at preventing "Type 2 diabetes" (adult onset).

In 2000 – 01, seven demonstration sites began implementing a number of activities in their communities. Examples of the initiatives include:

- Development of radio spots in Cree, Dene and English, aired on Missinippi Broadcasting;
- Expansion of the Good Food Box Program in Regina and Saskatoon;
- Development of a resource kit focussing on the primary prevention of diabetes for use in schools and food security programs;
- Development of healthy public policy concerning access to physical activity and healthy foods in schools and recreational facilities;
- Public forums in Cumberland House, Shoal Lake, Red Earth and Métis Nation to increase awareness of how to prevent Type 2 diabetes; and
- Selection and training of student peer teams at Lipton School, Pasqua First Nation School, Montmartre School and Nayokda Oyade Education Centre to encourage physical activity and healthy eating in their schools and communities.

**TOBACCO**

According to the Canadian Tobacco Use Monitoring Survey (February – December 2000) Saskatchewan's youth are smoking at a rate just slightly below the national average of 25 per cent for youth.

Saskatchewan Health distributed a variety of publications aimed at reducing tobacco use. They were sent most frequently to health districts and community based organizations.

The Special Committee on Tobacco Control, an all-party legislative committee established December 9, 1999, released its final report on February 8, 2001. The report builds on the first report released in May 2000. The initial report made recommendations for a tobacco reduction strategy including prevention, cessation, protection and other activities to make smoking less acceptable. The final report makes further recommendations with regard to protection focusing on smoking in public places, jurisdiction, enforcement and incentives.

**DID YOU KNOW?**

***28% of all residents over the age of 15 in Saskatchewan smoke. The national average is 24%.***

By the end of 2000-01, the department started to develop tobacco control legislation using the recommendations of the Special Committee on Tobacco Control as the basis for this work.

# ...ING A STRONG WORKFORCE

## BUILDING A STRONG WORKFORCE

A health care system is a lot more than just bricks and mortar, pills and high-tech equipment. Health care is the ultimate service industry, and the entire system rests on the shoulders of the people who provide the service. One of the most pressing issues facing health care today right across North America is attracting and keeping key health professionals, particularly in rural and remote areas of the province.

The competition is fierce. Other provinces and states frequently run advertisements in daily newspapers trying to woo Saskatchewan doctors and nurses. Many of these other jurisdictions are able to offer attractive wage and benefit packages beyond the financial means of our province. Shortages affect nearly every area of medicine. For example, there is an international shortage of cancer care professionals, particularly oncologists, and medical radiation therapists which has made it difficult to recruit and retain these specialists.

Of course money is not the only factor health professionals consider when choosing a place to live and work. There are numerous workplace and lifestyle issues to consider.

## BY THE NUMBERS

- Saskatchewan has 833 RNs and 105 pharmacists per 100,000 population. That is higher than the Canadian average (RNs: 746; pharmacists: 76).
- Saskatchewan has 209 LPNs, 92 GPs, 61 specialists, 7 psychologists and 27 dental hygienists per 100,000 population. That is lower than the Canadian average (LPNs: 248; GPs: 94; Specialists: 92; Psychologists: 34; Dental Hygienists: 45).
- In 2000, there were 232,412 registered nurses employed in nursing in Canada compared to 228,450 in 1999, a modest increase of 1.7%.
- The average age of a RN in Saskatchewan has increased from 41.6 years in 1994 to 43.4 in 2000.

Saskatchewan Health is working with its partners to address some of these factors.

## RECRUITMENT AND RETENTION

*Physicians*

Our province has always faced the challenge of attracting and keeping physicians. To meet the challenge, Saskatchewan Health has developed a number of innovative programs. We are starting to see some results.

**DID YOU KNOW?**

***In 2000-01, approximately 70% of the graduates of the Family Medicine Program at the University of Saskatchewan's College of Medicine remained in our province.***

***This is a significant increase from the retention rate of about 40% just three years ago.***

Without a stable supply of skilled health providers we cannot deliver the health services that our residents expect and need. We need to educate and develop an adequate supply of physicians in Saskatchewan, and offer them a positive environment that invites them to stay and apply their skills for the benefit of residents here.

Saskatchewan Health has worked with its partners to develop a number of bursary programs to encourage physicians to stay in Saskatchewan. Many are specifically aimed toward attracting doctors to rural areas of the province. Some of the bursaries awarded in 2000-01 include:

— ***Undergraduate and Resident Bursaries***

Eight undergraduate bursaries and seven Resident bursaries of $18,000 each were awarded to medical students and residents. This financial assistance to medical students and residents is provided in return for a commitment to practice in a rural or regional community in Saskatchewan after graduation. More than 85 bursaries have been awarded to medical students and residents since the programs' inception.

— ***RPEG –Rural Practice Establishment Grant***

Two grants of $18,000 each were awarded. These are given to family physicians that establish a full time practice for a minimum of eighteen months in a rural Saskatchewan community. To date this has led to 36 physicians setting up new practices in rural Saskatchewan since 1997.

— ***RPET – Rural Practice Enhancement Training***

Three bursaries were awarded in 2000-01. The money is equivalent to the College of Medicine stipend for third year residents. This funding is for in-service rural physicians and second year family medicine residents to complete a third year of training to enhance their skills in obstetrics, anaesthesia, general surgery, psychiatry, emergency medicine or geriatrics. Recipients of these grants are required to sign a commitment to provide return service in a rural Saskatchewan community.

— ***Re-entry Training Program***

One new grant was awarded in 2000-01. The purpose is to support family physicians who wish to leave their practice to re-enter training to become specialists in areas that have been identified as being in need.

### *Physicians in Saskatchewan*

Compared to 1999-00, the total number of active physicians in 2000-01 was up by 2.5 per cent; 4 per cent for general practitioners and no change for specialists. The province continues to rely on recruiting foreign-trained physicians. During 2000-01, Saskatchewan processed 482 applications, up from 413 applications processed in 1999-00. These include new applications for both short-term and long-term positions, extensions of current employment authorization and temporary leave replacements for such things as vacation and medical leave.

**NUMBER OF PHYSICIANS IN ACTIVE PRACTICE*, 1998-99 TO 2000-01**

| | 1998-99 | 1999-00 | 2000-01 |
|---|---|---|---|
| General Practitioners | 684 | 693 | 721 |
| Specialists | 446 | 448 | 448 |
| All Physicians | 1,130 | 1,141 | 1,169 |

* Physicians with their own MSB billing number earning $50,000 or more during the year and practicing in Saskatchewan at the end of the fiscal year.

The number of physicians in Saskatchewan has remained fairly stable over the past three years. However, this is not universal throughout the province. A number of rural and northern communities continued to face extreme challenges in keeping and attracting physicians. In fact, 80 per cent of the physicians in Saskatchewan practice in urban areas, with the remaining 20 per cent located in rural practices.

Turnover rates measure the number of physicians who retire or resign (eg. leave the province to practice elsewhere). They are an indication of how well our province is able to retain its physicians and can be viewed as a measure of job satisfaction.

### *Health Provider Recruitment*

Saskatchewan Health continues to contract Lifestream Development Services to co-ordinate recruitment activities on its behalf for not only specialists, but a whole range of health professionals from nurses to occupational therapists.

- The web site for physician information and recruitment averaged 746 hits per month during 2000-01 while the site for other health providers averaged 1,107 hits per month.

Lifestream attended recruitment fairs in Edmonton and Florida last year, and also organized two recruitment fairs in Saskatoon and Regina.

**2000-01 TURNOVER OF PHYSICIANS**

| | General Practitioners | | Specialists | | All Physicians | |
|---|---|---|---|---|---|---|
| | Number | Percent Turnover | Number | Percent Turnover | Number | Percent Turnover |
| Practicing in 1999-00* | 714 | | 451 | | 1,165 | |
| Still practicing in 2000-01** | 625 | 12.5% | 412 | 8.6% | 1,037 | 11% |
| Total practicing in 2000-01* | 755 | | 443 | | 1,198 | |

* Physicians, with their own MSB billing number, earning $12,500 or more in the fourth quarter and practicing in Saskatchewan at the end of the fiscal year.

** Physicians, with their own MSB billing number, earning $12,500 or more in the fourth quarter of two consecutive years and practicing in Saskatchewan at the end of both the fiscal years.

Note: The net number of physicians who entered practice in 2000-01 was 161, the difference between "Practicing" (1,198) and "Still Practicing" (1,037).

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The Saskatchewan Cancer Agency has undertaken extensive recruitment efforts nationally and internationally in an attempt to recruit cancer care specialists. For example, the Cancer Agency has launched an international recruitment drive for radiation therapists including "return to service" agreements for radiation therapists who have left the profession. Other initiatives to enhance staffing in this area include expansion of the Radiation Therapy training program from 5 to 8 positions and the provision of forgivable student loans in exchange for a commitment to serve with the Saskatchewan Cancer Agency.

***Nurses Retention and Recruitment***

Nurses make up about 40 per cent of the health workforce. This includes registered nurses, (RNs) Registered Psychiatric Nurses (RPNs) and Licensed Practical Nurses (LPNs). The number of nurses employed provincially has remained relatively stable over the last several years.

- Saskatchewan has 83.5 registered nurses per 10,000 residents. This is above the Canadian average of 75.4 and about in the middle of the pack compared to the rest of the provinces.

The priority in Saskatchewan is to retain our current nurses by building attractive workplaces. In addition, Saskatchewan Health and health districts are working together to recruit additional nurses to meet our needs. Some of initiatives undertaken in 2000-01 include:

***— Nursing Council***

A Nursing Council chaired by the Deputy Minister of Health formed three working groups. One is responsible for the development of strategies to retain nurses in Saskatchewan; one is working at establishing magnet environments (quality workplaces) in the health sector and the third is reviewing issues that lead to casualization of the workforce. To assist with the work of Nursing Council, Saskatchewan Health provided a total of $700,000 to the Moose Jaw Thunder Creek, Saskatoon and Regina Health Districts to implement some special projects.

***— Re-entry bursary for nurses***

Saskatchewan Health provided SIAST with $500,000 in 1999-2000 to assist nurses who wanted to renew their nursing license and re-enter the workforce. As of March 31, 2001, a total of 103 bursaries had been awarded – 55 to previously licensed registered nurses, 37 practical nurses and 11 psychiatric nurses. The bursary covers 60 per cent of the tuition fee.

**NORTHERN SUMMER STUDENT EMPLOYMENT PROGRAM**

In the summer of 2000, Saskatchewan Health provided four of the northern health districts with $26,000 to implement a summer employment program for high school students or those already enrolled in a health career program. Some districts partnered with other interested parties such as industry in the North to provide further assistance to the students. The program was a success and in the long-term will assist students to learn more about health careers and working in the North.

The Adopt a Student program, which is managed by Lifestream Development Services and the individual health districts was expanded to include physical therapy and nursing students.

### ABORIGINAL EMPLOYMENT DEVELOPMENT PROJECT

In an effort to attract more First Nations people into the health care profession Saskatchewan Health provided SAHO with financial support. The money was used to look into ways to remove barriers to the employment of Aboriginal persons and to facilitate the adoption of a representative workforce by health districts.

### SASKATCHEWAN HEALTH BURSARY PROGRAM

The Saskatchewan Health Bursary program is a specialized recruitment initiative that provides financial assistant to Saskatchewan residents studying health professions where critical shortages exist or are anticipated. Shortages are determined through the Saskatchewan Health Employer Survey and through the experience of recruiters both within and outside of government.

**DID YOU KNOW?**

*In 2000-01, 19 health districts were involved in the Aboriginal Employment Development Project and had hired 800 Aboriginal persons.*

In 2000-01, there were 15 bursaries awarded worth $7,000 each to students studying in the areas of audiology, physical therapy, occupational therapy, respiratory therapy, and orthotics.

### IN THE FUTURE...

Efforts to retain and recruit health professionals will continue to be a top priority for Saskatchewan Health. While the province has been able to maintain a fairly stable supply of some key health providers overall, shortages in some areas will create ongoing challenges.

Given the priority being placed on various retention and recruitment programs, we need to do more to measure and report on our success. The department will be expanding efforts in this area in 2001-02. At this point, there are few useful measures available, apart from counting overall numbers of health providers working in the province. In the coming year, Saskatchewan Health will be developing indicators to help measure outcomes such as health provider job satisfaction and retention rates. This will provide feedback on current initiatives and indicate whether or not we are meeting our goal of a workforce that is representative, productive, satisfied and a partner in solutions.

# A SUSTAINABLE, EFFICIENT, ACCOUNTABLE HEALTH SYSTEM

## A SUSTAINABLE, EFFICIENT, ACCOUNTABLE HEALTH SYSTEM

We all want accessible, quality health care, but we need to be able to pay for it. Provision of health care services is enormously expensive, and the costs go up every year.

### DID YOU KNOW?

***Funding for health care in Saskatchewan has increased by an average of 6% a year over the last five years, well above our province's rate of economic growth.***

In developing a more sustainable system, we need to ask and answer some difficult questions. How much money should we spend on health care? Are we getting value for money in health care today? And, how can we ensure that we are providing health services that are effective and lead to better health?

Future financial sustainability was a key motivation for the in-depth review of the health care system by the Commission on Medicare, led by Ken Fyke. While the Commission's recommendations are being analyzed and discussed, the department continues to look for ways to improve service to meet the needs of Saskatchewan people within available resources. That requires looking carefully at how we deliver services to ensure the best value for our health care dollar.

### BY THE NUMBERS

- Health spending has grown by 42 per cent since 1995-96, well above our province's rate of economic growth.
- Through the 2000-01 Wait List Fund, Saskatoon and Regina each received $5.8 million, while Moose Jaw and Prince Albert each received $500,000 to expand their surgical capacity.
- A new provincial wait list information system involving seven health districts is under development. It will allow Saskatchewan Health to centrally track approximately 93 per cent of the surgeries done in the province.
- In 2000-01, Saskatchewan residents filled 7,534,187 prescriptions. The Prescription Drug Plan paid out $99 million in benefits on behalf of 111,591 families to help cover the cost of these medications.

## SASKATCHEWAN DRUG PLAN

One good example of this effort to make the best use of health dollars is the review process for the potential coverage of new drug products in Saskatchewan.

Every year, hundreds of new pharmaceuticals come on the market in Canada. Once these products are approved for use in this country by Health Canada, manufacturers then apply to each province to have their product covered by the health system.

In Saskatchewan, drugs are submitted to a review process. The Saskatchewan Formulary Committee is assisted by the Drug Quality Assessment Committee. New drugs are examined to determine what benefit they offer to patients relative to other therapies. The committees look at the total cost of providing coverage for the product under the Prescription Drug Plan and whether or not this cost outweighs the benefits.

The Formulary Committee delivers recommendations on each drug to the Minister of Health, who is responsible for making the final decision on coverage of the drug under the Drug Plan.

In total, the Prescription Drug Plan now provides coverage for approximately 3,500 drug products. In 2000-01, the plan paid out benefits on behalf of 111,591 families.

Approval of new drugs is only one aspect of operating an efficient, sustainable public drug plan. Trying to ensure appropriate prescribing and use of these drugs is an important element as well. In 2000-01, Saskatchewan residents filled 7,534,187 prescriptions, while the total drug plan budget rose to approximately $99 million. Clearly, growing use of pharmaceutical products is an ongoing trend, as outlined in the table below.

Given this trend, ensuring the most efficient and appropriate use of drug products is an important goal. In 2000, the Prescription Drug Plan, in partnership with the Saskatoon District Health (SDH) implemented the *RxFiles Academic Detailing Program*.

This educational program is aimed at assisting physicians in selecting the most appropriate and cost-effective drug therapy for their patients.

The program combines the use of newsletter publications, e-mail and web-site updates, and

**SASKATCHEWAN PRESCRIPTION DRUG PLAN**

| | 1996-97 | 1997-98 | 1998-99 | 1999-00 | 2000-01 |
|---|---|---|---|---|---|
| **# of drugs covered** | 2,947 | 3,112 | 3,366 | 3,544 | 3,589 |
| **# of prescriptions covered** | 5,990,106 | 6,216,167 | 6,622,455 | 7,014,580 | 7,534,187 |
| **# of prescriptions/beneficiary** | 9.6 | 10.1 | 10.5 | 11.1 | 11.9 |
| **# of families receiving benefits** | 88,077 | 88,277 | 103,564 | 106,848 | 111,591 |
| **Average cost per prescription** | $27.04 | $27.34 | $28.53 | $29.22 | $30.86 |
| **Drug Plan payments** | $61.9M | $65.2M | $76.0M | $85.4M | $99.1M |

### DID YOU KNOW?

***From March 1, 2000 to March 31, 2001, 151 drug products were recommended for either full coverage or Exception Drug Status (EDS) coverage under the Drug Plan. In this period, 29 drug products were not recommended for coverage under the Drug Plan.***

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one-on-one or small group sessions between the program's academic detailers and the family physicians. Drug therapy topics are selected on the basis of their potential to enhance patient care and/or reduce drug costs without altering the effectiveness of the therapy. The program is now operating in several districts in the province and will be expanded in the future.

## HEALTH RESEARCH

Health research is an important tool in developing quality health services that are efficient and evidence-based. Saskatchewan-based research also plays an important role in helping our province address our unique challenges such as Aboriginal health, rural health and the social determinants of health.

In 2000-01, Saskatchewan Health provided $5.2 million for health research in the province, a 2.4 per cent increase over the previous year. This funding supports a wide range of health research, including:

- Research into health care outcomes, quality and "best practices" by the Health Services Utilization and Research Commission;
- Biomedical projects, such as neuropsychiatric research through the Department of Psychiatry, College of Medicine;
- Cancer research through the Saskatchewan Cancer Agency;
- Research on factors that affect the health of the broad population; and
- Research on agricultural health carried out by the Centre for Agricultural Medicine at the University of Saskatchewan, College of Medicine.

Although health research funding has increased slightly in Saskatchewan, the province has not kept pace with many other jurisdictions where public sector investment in research has grown dramatically. Allocating sufficient dollars to support health research will be an ongoing challenge for our health system. The government did, however, take some steps forward in this past year. During 2000-01, government announced a $15 million Innovation and Science Fund to support research, including health-related projects. In addition, the government announced that future profits from investments through the Saskatchewan Government Growth Fund would be used to support health research.

## HEALTH INFORMATION AND PRIVACY

To make sound decisions about health care, we need sound information. This is true at the broadest level — for example health research often relies on data about the health characteristics of the population as a whole. At the individual level, health care providers need ready access to individual health records to make the best possible decisions about a patient's care.

The use of health information, however, needs to be balanced against the public's right to privacy. To ensure protection of personal health information, the government passed The Health Information Protection Act, or HIPA. Saskatchewan Health is currently consulting with its partners to finalize regulations under the act and to ensure health

districts, health care providers and others are ready to work within these regulations. The act will likely be proclaimed in the spring of 2002.

## SURGICAL WAITING LISTS

In Saskatchewan, some 93,000 surgeries are performed every year — an average of 255 surgeries every day. The organization and scheduling of this surgery is a complex undertaking that requires the coordination of surgeons, anaesthetists, operating room nurses, and other staff with available operating rooms, equipment, beds, and of course, the patients. And even when all these factors match up, there can always be last minute emergency surgeries that require previously scheduled procedures to be postponed.

Given the dollars and human resources devoted to surgeries, the often critical nature of the service provided to residents and the high level of public concern, this is an area that deserves high priority in any examination of sustainability, efficiency and accountability in our health system.

Saskatchewan Health recognizes that there are many issues related to surgeries that must be addressed, including the waiting times for many non-urgent procedures. First, it is important to define the problem.

### *Who is On the Waiting Lists?*

A patient who requires surgery is classified in one of three broad groupings:

1. Emergent – This is an "emergency" situation. The patient needs immediate surgery because of a life-threatening situation. People in this situation receive surgery as soon as possible, usually within two days. About half of all heart surgery is done on an emergency basis.
2. Urgent – The patient is not in a life-threatening situation but surgery must be done in a short period of time. Most suspected cancer cases are treated as "urgent." Patients considered "urgent" are closely monitored by their physicians and can be changed to "emergent" if their condition changes.
3. Elective – The vast majority of the people on wait lists are waiting for "elective" surgery. These patients need surgery to improve their health or quality of life.

**DID YOU KNOW?**

***Of the patients on wait lists for elective surgery, about half are waiting for either eye surgery or orthopedic surgery (eg. hip and knee replacement)***

While their condition may be painful or affect their lifestyle, it is not considered an immediate threat to their health or life.

### *Factors Behind Waiting Times*

Given the complexities in funding, scheduling and performing some 93,000 surgeries every year, there are a number of factors that can play a role in determining the length of waiting times for certain procedures. These include:

- *Human resources* – Saskatchewan faces ongoing difficulties in retaining and recruiting key health providers such as

anesthetists. When there are not enough of these specialists, operating room hours have to be reduced. Staffing shortages in other areas can also have a rippling effect — particularly in smaller hospitals.

- *Demand for service* – Waiting lists for surgery grow as more people need a particular service. For example, intervening at earlier stages may require higher volumes of cataract surgery or hip replacements. Innovation in surgical technique (making a procedure less invasive or more successful) also serves to increase demand.

- *Patient factors* – For many reasons, some patients may decide themselves to delay their surgery or decide they are not available at a certain time (eg. during the summer) because it is not convenient.

- *Physician factors* – Waiting times often vary from one specialist to another. While some physicians are booked for months, others may have shorter waiting times.

### *Working Toward Solutions*

There is no simple solution to such a complex issue. Simply adding more money to the system does not guarantee better access, nor does hiring more physicians. This is illustrated by the following paradox: Our province has the smallest number of eye specialists, per capita, in Canada and some of the longest waiting times for cataract surgery — and yet, we perform cataract surgeries at one of the highest rates in the country.

Addressing waiting times requires long-term solutions developed with our partners. Ultimately, the key questions that need to be answered include:

- How much surgery *should* be done in the province;

- What capacity and resources are necessary to provide this level of service; and

- What is an acceptable length of time to wait for surgery in Saskatchewan?

One thing is clear — people deserve to know how the system works and that they are being treated fairly. This requires us to develop and improve information systems to ensure people are priorized for surgery in a fair manner.

Saskatchewan Health has dedicated considerable time and resources to resolving the wait list issue. Guided by the recommendations of the Task Team on Surgical Waiting Lists (March 1999) the department continued to work in 2000-01 with health districts, professionals and others to:

- Improve district surgical capacity;

- Improve surgical booking and wait list management systems;

- Establish a provincial wait list database;

- Improve public information about waits and waiting lists; and

- Improve consistency in when and how patients are placed on waiting lists and priorized for surgery.

### *Ongoing Actions*

Saskatchewan Health will continue to work toward creating a fair surgical system that offers quality service with reasonable waiting times. A number of actions were started in 2000-01 and will continue into the future. Others are priority actions for 2001-02.

- *Expanded Wait List Fund* - A $12 million Waitlist Fund was introduced in 1999 to help districts increase surgical volumes. Regina and Saskatoon each received $5.8 million in 2000-01, while Prince Albert and Moose Jaw received $500,000 each.

- *Computerized booking system* - A computerized booking system that will handle surgical booking, operating room allocation and wait list management is being developed. The system will help the five mid-size hospitals at Prince Albert, Moose Jaw, Yorkton, Swift Current and North Battleford improve surgical scheduling. These centres will also join Regina and Saskatoon in reporting waitlist information to the department, creating one database for about 93 per cent of the surgery provided in Saskatchewan.

- *The Western Canada Wait List Project* – Saskatchewan Health continued to take part in this project in 2000-01, with 19 partner organizations from the four western provinces. The project worked closely with stakeholders (eg. physicians, public, regional health authorities, and governments) to develop and test clinical assessment tools. These tools will help physicians priorize patients waiting for the following procedures: total hip and/or knee replacement; cataract surgery; general surgery; children's mental health services; and diagnostic MRI scans.

- *Public web site on waiting times* – This new web site will give residents information about waiting times for specific procedures and steps they can take to talk to their doctor about their condition and wait for surgery.

- *Improved booking procedures* – A review into the operating room booking procedures in Saskatoon was completed in April 2001. The final report recommended a number of ways to resolve issues in the management of surgical booking in the health district. Saskatoon District Health and the University of Saskatchewan College of Medicine are now implementing these steps.

- *Standardized Patient Criteria* – A standard set of criteria is being developed to rank patients booked for elective surgery, based on their condition. This will improve consistency in how physicians priorize this group of patients for surgery.

## COMMISSION ON MEDICARE

The Government of Saskatchewan established the Commission on Medicare in June of 2000. The commission, headed by health consultant Ken Fyke, was asked to identify challenges facing medicare, and recommend ways for improving and sustaining our publicly funded, publicly administered health system.

The commission released its final report in the early spring of 2001. In the year ahead, the department will issue its response to the final report of the commission.

The commission's final report suggested a new model for the delivery of health services - with an emphasis on quality, accountability and sustainability.

The Fyke Report succeeded in focusing attention on the challenges in the health care system and potential solutions to these challenges. Saskatchewan Health will weigh the report and the feedback generated by it, to

enable the Government of Saskatchewan to deliver a plan to improve and protect our publicly funded health care system for years to come.

## DISTRICT QUALITY OF CARE COORDINATORS

A relatively new but significant performance indicator is the information gathered through the District Quality of Care Coordinators (DQCC). This initiative was announced in 1995 with the goal of creating a more transparent, client-focused health care system. All health districts now have a DQCC, or designate. If a client has a concern, or questions about the care they received, they can share them with their health care provider or the appropriate supervisor. If further assistance is required, the client can take those concerns to a DQCC. A family member or friend can also forward these concerns on behalf of the client.

The coordinator keeps track of these client concerns in a specialized database. To promote consistency, a special reporting format and software program was developed. This information is valuable to districts, as it helps them to identify opportunities for improvement and therefore enhance the quality of care.

Districts are required to report a standardized summary of their client concern information (with any identifying and case specific information removed) to the department annually. The number of clients who reported a concern during the previous three years has remained relatively stable.

**CLIENT CONCERNS REGISTERED WITH DISTRICT QUALITY OF CARE COORDINATORS**

| | 1997-98 | 1998-99 | 1999-00 |
|---|---|---|---|
| Number of clients who reported concern | 1705 | 2026 | 1787 |

* The 1999-2000 summary includes submissions from 29 of 32 health districts. The two northern districts have only recently begun DQCC programs, and one other district was unable to submit information.

Of the total number of people who had some form of contact with the health care system in 1999-2000, less than one per cent lodged a concern with a DQCC. This may not reflect the total number of concerns in the system, as clients and their family or friends may not be aware that a formal mechanism exists to record and respond to their issues.

### *Concern Resolution through the DQCCs*

District Quality of Care Coordinators handled 1,787 client contacts in 1999-00. In addition to tracking the volume and nature of concerns, DQCCs also record how quickly each concern was resolved. A concern is considered resolved from the district's perspective when the DQCC, either orally or in writing, provides a response regarding the issue raised. The majority of concerns were resolved in a timely manner. In 1999-00:

- 83 per cent of the total client contacts were resolved within 30 days of receipt; and
- 17 per cent of the total client contacts took longer than 30 days to resolve.

Reasons for cases taking longer to resolve may include delays when referring a question or issue to a health care professional for more information, and/or repeated consultations with the client or family prior to establishing that the matter has been resolved.

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As a performance indicator, the DQCC information is one method of tracking the type and volume of health care concerns across the

province. As Saskatchewan Health and districts continue to promote the role of the DQCC it is anticipated that the number of contacts may increase.

## HEALTH REGISTRATION AND VITAL STATISTICS

One of the elements of running an accountable health system is ensuring that benefits are provided and tracked in an efficient way.

On January 1, 2001, Health Registration and Vital Statistics became its own branch within Saskatchewan Health. This organizational merger will increase efficiencies, as it should help the flow of information because the two units share many of the same functions.

Through the health registration process, the branch maintains a central registry of all Saskatchewan residents eligible for provincial health benefits. A provincial health services card with a unique health services number is issued to ensure only eligible Saskatchewan residents receive insured health benefits.

**DID YOU KNOW?**

*More than 86 per cent of Saskatchewan's eligible residents had insured health services paid to physicians on their behalf.*

Every three years Saskatchewan Health renews the plastic health cards. 1999 was the last health card renewal year.

### *Medical Services*

The number of visits to Saskatchewan physicians increased by 0.6 per cent to 5,713,900 services, with 4,777,700 visits to general practitioners and 936,200 visits to specialists.

Forty Saskatchewan residents received approval for out-of-country specialized treatment not available in Saskatchewan. Prior approval is granted only for cases where the service is not provided in Canada. A written application from a specialist within the appropriate field of practice is required.

**DID YOU KNOW?**

*The average per capita cost for services provided in Saskatchewan was $269.80 for physician services, $3.66 for optometric services, and $9.38 for chiropractic services.*

## SASKATCHEWAN HEALTH WEB SITE

Every day, Saskatchewan Health gets more than 1,000 public inquiries, primarily regarding health registration and vital statistics. For anyone who has ever tried to find answers within a bureaucracy and a system they don't understand, this can be a frustrating experience. In an effort to make it easier for the public to find the answers they need, a redeveloped Saskatchewan Health web site was launched in November 2000 at the following address:

The new site provides quick and easy access to information on the wide range of health programs and services available to Saskatchewan people, along with contact information at the provincial, district and local level.

**DID YOU KNOW?**

*The web site has received an average of 2,700 hits per day. Each "user" generally visits several different pages, producing individual "hits" for each page.*

# Health Spending in Saskatchewan

Given the growing cost of health care, rising demands and the tight competition for health funding, it is more important than ever to ensure we are spending dollars carefully for maximum effect. This section outlines the state of health care spending in Saskatchewan, where the money goes, and what is being done to ensure accountability to the people of the province.

## FINANCIAL ACCOUNTABILITY STATEMENT

From a fiscal accountability perspective, the most significant risks and challenges to be managed by Saskatchewan Health include ensuring:

- available funding goes to the highest priority health needs;
- value is obtained for funding provided;
- compliance with existing legislation and regulations;
- proper controls are in place to safeguard the assets of the department; and
- appropriate results are reported to the public, the legislature and our partners in the health system.

There are a number of complementary processes in place to ensure that these responsibilities are properly discharged. These include:

- *Audited results* - The Provincial Auditor's Office has legislative responsibility to audit Saskatchewan Health and to publish the results.
- *Accountable to Legislature* - Saskatchewan Health, like all government departments, is required to appear before the Public Accounts Committee of the Legislature. In addition, the annual health budget is published in the Budget Estimates, spending is detailed in the Public Accounts, and the Minister of Health appears before the Legislature's Committee of Finance.
- *Public reporting* - This Annual Report is one of many reports published annually by the department, providing an important link in the provincial accountability framework.
- *Comparative reporting* – All provinces made a commitment to the Federal Government in September 2000 to prepare annual public reports on the performance of their health systems. While much work remains to ensure appropriate measures are selected, this comparative reporting should help Saskatchewan people measure the effectiveness of their health system relative to other provinces.
- *Holding third-party agencies accountable* – The vast majority of health services that Saskatchewan people depend on are delivered through third parties (eg. health districts). As such, appropriate controls must be in place to ensure accountability for government funding directed to these agencies. Saskatchewan Health uses service agreements, audited financial statements and required reporting of results from these agencies to meet this goal.

## HEALTH SPENDING IN SASKATCHEWAN

Saskatchewan Health believes that these measures adequately ensure the appropriate and effective use of health dollars and provide accountability to the people of Saskatchewan.

### FINANCIAL REPORTING

This annual report presents the Financial Statements of Saskatchewan Health for the twelve months ending March 31, 2001. The Financial Statements report on the funding provided to the department through the government's General Revenue Fund.

This report also contains a summary of the Financial Statements of the province's 32 district health boards. The Financial Statements of these health districts are consolidated into the Summary Financial Statements of government. Each health district is responsible for providing annual reports to the public, which account for the funding received.

Saskatchewan Health is also legislatively responsible for the following agencies:

- Uranium City Hospital;
- Health Services Utilization and Research Commission (HSURC);
- Saskatchewan Cancer Foundation;
- St. Louis Alcoholism Rehabilitation Centre; and
- The Saskatchewan Health Information Network (SHIN).

Each of these agencies provides annual reports that are directly available to the public. Since districts and agencies provide separate public reporting, Saskatchewan Health does not consolidate the results of these separate legal entities with the department's financial reporting.

### SASKATCHEWAN FUNDING VERSUS OTHER PROVINCES

In 2000-01, our province spent more than $2 billion on health care. But how does this compare to spending in other Canadian provinces? Within Canada, the range in health spending between provinces is fairly narrow. Small changes on a year-over-year basis can significantly shift a province's ranking relative to other provinces. Commonly used indicators demonstrate that Saskatchewan's spending tends to be mid-range among Canadian provinces and close to the national average.

**HEALTH SPENDING IN SASKATCHEWAN 2000-01**

| | Canada | Saskatchewan | Rank* |
|---|---|---|---|
| Ratio for public/private spending on health | 71:29 | 76:24 | 3 |
| Public Health spending % of GDP | 6.6 | 7.5 | 6 |
| Dollars per capita | | | |
| Hospitals | $891 | $768 | 10 |
| Other Institutions | 197 | 303 | 3 |
| Physicians | 405 | 362 | 5 |
| Drugs | 140 | 103 | 8 |
| Other | 384 | 495 | 2 |
| **TOTAL** | **$2,017** | **$2,031** | **5** |

* Out of 10: 1= highest. Source: Canadian Institute for Health Information - CIHI, 1975-2000 (2000 forecast data)

The table shows that Saskatchewan's ranking varies depending on the area of spending. For example, hospital spending in this province is the lowest among the 10 provinces while spending on "other institutions" ranks near the top. Differences in operating practices

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## HEALTH SPENDING IN SASKATCHEWAN

may partially account for this. For instance, Saskatchewan may be more successful than other provinces in moving patients from hospitals into other more appropriate long-term institutional care.

### DISCUSSION AND ANALYSIS

Over the past five years, provincial health spending in Saskatchewan as a percentage of overall program spending has risen steadily, indicating that health expenditures are growing faster than government spending on other services.

**PERCENTAGE OF PROVINCIAL PROGRAM SPENDING ON HEALTH CARE**

| Year ending March 31 | 1997 | 1998 | 1999 | 2000 | 2001* |
|---|---|---|---|---|---|
| Health spending ($Millions) | 1608.0 | 1677.2 | 1774.6 | 1955.7 | 2073.6 |
| Percentage of provincial program spending | 37.4 | 38.4 | 36.7 | 38.5 | 39.5 |

* Includes $49.8 million from the Health Transition Fund

The growth in health spending relative to other program spending often raises questions about long-term sustainability. We know that spending in other areas such as education, housing and social support also play an important role in promoting individual health and well being. It is important for government to consider the appropriate balance of funding to best serve the residents of the province.

Over time, the allocation of funding to various parts of the health system tends to change in response to shifting priorities. The following table shows the current level of health funding by major program category for the year ended March 31, 2001 and shows the percentage increase in that category over one year (compared to 1999-2000) and five years (compared to 1996-97):

Over the past five years, the greatest percentage increase in spending has been on prescription drugs, reflecting the trend across the country. There is no single reason for rising drug costs, but evidence suggests it is

**CHANGE IN PROVINCIAL HEALTH FUNDING**

| Major Categories | 2000-01 ($000s) | One-Year Increase (%) | Five-Year Increase (%) |
|---|---|---|---|
| Acute care, rehabilitation & emergency response | 759,169 | 9 | 33 |
| Long-term care | 324,123 | 13 | 31 |
| Home-based and community care | 202,724 | 1 | 35 |
| Provincial health services (Provincial Lab, health research, Cancer Agency, SHIN, immunizations, Canadian Blood Agency) | 105,560 | 14 | 33 |
| Physicians services, medical education & other medical services (chiropractic, optometric, dental, out-of-province) | 451,437 | 6 | 29 |
| Prescription Drug Plan & other special assistance programs (SAIL, Supplementary Health, Family Health Benefits, HIV Assistance) | 140,620 | 10 | 52 |
| Capital & other | 42,200 | (66) | (34) |
| Health Transition Fund | 49,817 | N/A | N/A |
| TOTAL | 2,075,650 | 6 | 33 |

largely due to higher average use per person as well as the introduction of new, often costly drugs.

Spending on hospital, rehabilitation and emergency care has also risen dramatically in the past five years. Despite this, Saskatchewan continues to rank last in the country for per capita spending on hospitals.

The only category to see a decrease in spending over the five-year period is "Capital and Other." This reflects a reduction in spending on the construction of health facilities.

Spending patterns not only reflect the type of care being delivered to Saskatchewan, but also where that care is being delivered. The following table shows the allocation of health district funding between tertiary, regional and rural health districts over the past five years.

Under Saskatchewan Health's funding formula, dollars flow to wherever people are receiving services. While there have been slight changes in the allocation of dollars to reflect migration between districts, the overall split between large, mid-sized and small districts has been relatively stable.

**ALLOCATION OF DISTRICT HEALTH FUNDING**

| Year ending March 31 | 1997 | 1998 | 1999 | 2000 | 2001 |
|---|---|---|---|---|---|
| District funding ($Millions) | 1069.8 | 1100.7 | 1168.9 | 1312.7 | 1385.6 |
| Allocation to large districts (percentage of total) | 52 | 53 | 51 | 52 | 52 |
| Allocation to mid-sized districts (percentage of total) | 20 | 19 | 19 | 19 | 19 |
| Allocation to small districts (percentage of total) | 28 | 28 | 30 | 29 | 29 |

(Large districts include Regina and Saskatoon that serve as tertiary centres. Mid-sized districts include: Prince Albert, Yorkton, North Battleford; Swift Current; and, Moose Jaw. Small districts include the remaining 25 health districts, representing primarily rural and Northern Saskatchewan.)

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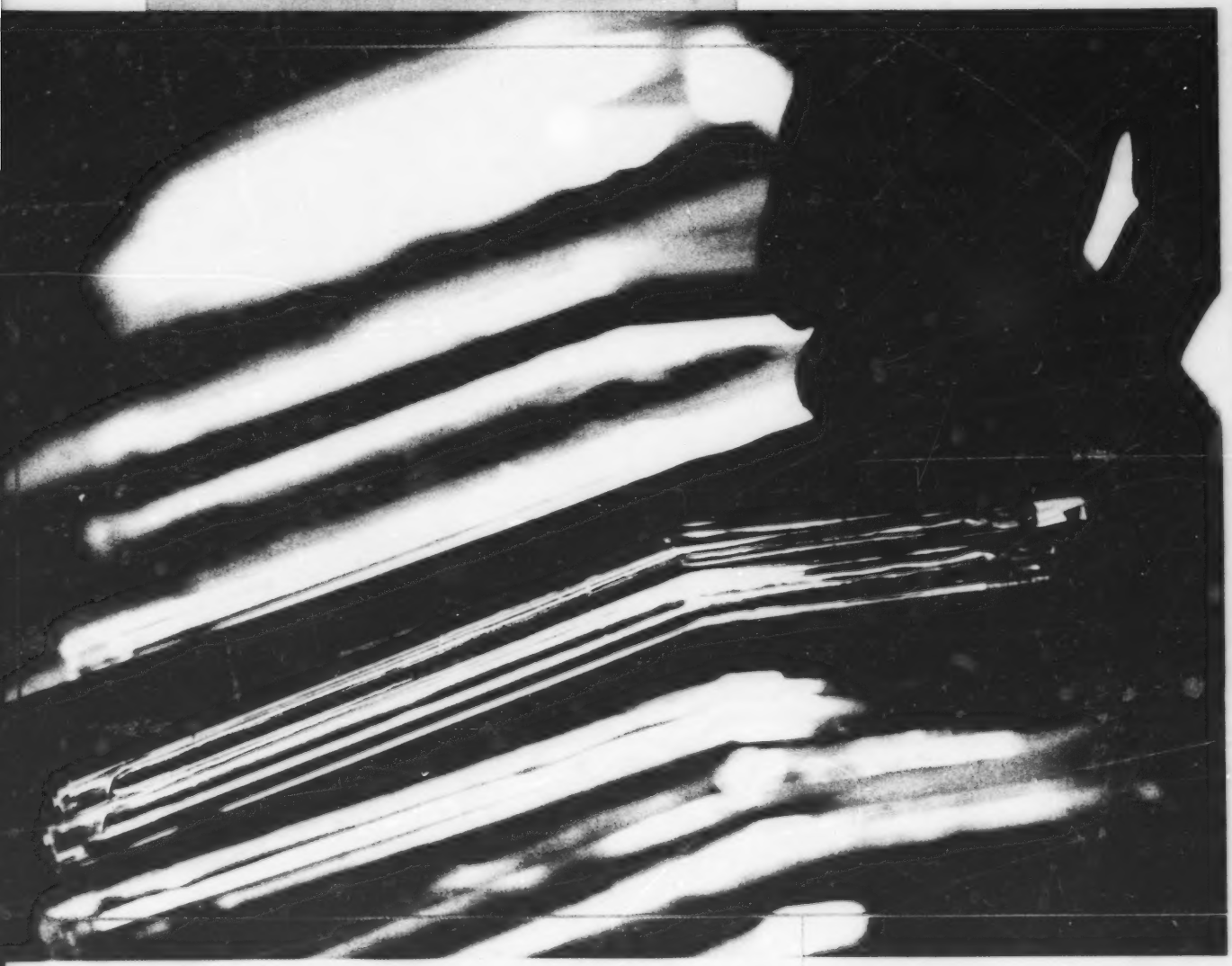
## COSTS OF TYPICAL HEALTH SERVICES

As residents of Saskatchewan, we don't always think about the value of the health services we receive. Here are some approximate costs, including both the government's share and the patient's share (where applicable), for some of the services we use every day:

- Estimated average cost of a basic visit to a hospital emergency department - $90.
- Routine office visit to a family physician (excluding tests, cost varies depending on the age of the patient) - $21.40
- Cataract surgery (day surgery) - $1,500.
- Hip replacement (in-patient surgery) - $8,800.
- Average cost of alcohol rehabilitation - $2,415.
- Annual cost for one patient to receive a selected strength of Enalapril, a prescription drug used to treat heart conditions - $542.
- Annual cost of this medication (various strengths) for all 15,000 patients receiving it - $5.6 million.
- Estimated cost of a typical childbirth in hospital (including pre-natal physician care) - $2,560.
- Average cost of post-natal home visit by a public health nurse - $55.
- Average annual cost of operating a hospital bed - $144,000.
- Average annual cost of one nursing home bed - $45,639; average annual subsidy - $34,307.
- Average annual cost of home care for one person - $2,596.
- Average cost of a mammogram to screen for breast cancer - $61.
- Cost of providing routine immunizations to one child from birth to age 16 - $150.

# Financial Statements



## SASKATCHEWAN HEALTH COMPARISON OF ACTUAL REVENUE AND EXPENDITURES TO ESTIMATES

| | 2000-01 Estimates $000s | 2000-01 Actuals $000s | Variance $000s | |
|---|---|---|---|---|
| HEALTH | | | | |
| **Revenue** | 13,941 | 12,015 | (1,926) | (1) |
| **Operating Expenditures:** | | | | |
| **Administration** | 3,429 | 3,478 | 49 | |
| **Accommodation & Central Services** | 3,983 | 3,895 | (88) | |
| **District Health Services & Support** | | | | |
| Acute & Rehabilitation Services | 701,092 | 734,179 | 33,087 | (2) |
| Long Term Care Services | 304,576 | 324,123 | 19,547 | (2) |
| Home-Based Services | 80,389 | 80,119 | (270) | |
| Community Services | 122,434 | 122,605 | 171 | |
| Emergency Response Services | 23,296 | 24,990 | 1,694 | (3) |
| Health Facilities - Capital | 41,100 | 22,721 | (18,379) | (4) |
| District Programs Support | 13,460 | 12,106 | (1,354) | (5) |
| SUBTOTAL | 1,286,347 | 1,320,843 | 34,496 | |
| **Provincial Health Services & Support** | | | | |
| Saskatchewan Cancer Agency | 27,921 | 28,921 | 1,000 | |
| Canadian Blood Services | 24,482 | 25,173 | 691 | |
| Health Organizations and Services | 9,120 | 12,506 | 3,386 | (6) |
| Provincial Laboratory | 8,892 | 9,812 | 920 | (7) |
| Health Research | 5,008 | 5,008 | 0 | |
| Immunizations | 4,240 | 4,408 | 168 | |
| Saskatchewan Health Information Network | 5,400 | 5,400 | 0 | |
| Provincial Programs Support | 10,035 | 14,332 | 4,297 | (8) |
| SUBTOTAL | 95,098 | 105,560 | 10,462 | |
| **Medical Services & Medical Education Programs** | 442,167 | 451,437 | 9,270 | (9) |
| **Drug Plan & Extended Benefits** | 146,673 | 140,620 | (6,053) | (10) |
| **TOTAL OPERATING EXPENDITURES** | **1,977,697** | **2,025,833** | **48,136** | |
| **FTE STAFF COMPLEMENT** | | 572.4 | 595.5 | 23.1 |
| ***HEALTH - TRANSITION FUND*** | | | | |
| **Health Transition Fund** | 150,000 | 49,817 | (100,183) | (11) |

* See below for explanations of significant variances between 2000-01 estimates and 2000-01 actuals that are greater than 5% and greater than $500,000, and/or greater than $2,000,000 (0.1% of total department expenditure).

Explanations for significant variances:

(1) Primarily the result of a capital cost share project proceeding slower than anticipated as well as a one time audit adjustment for a federal cost share claim. This was partially offset by vaccine revenue received from health districts which was not budgeted (entirely offset by corresponding expenditure), an increase in air ambulance flights and the distances travelled, and increased federal revenue for the Hepatitis C program.
(2) Primarily the result of increased funding provided to health districts and the Cancer Agency to offset 2000-01 operating deficits.
(3) Increased usage of senior citizens ambulance assistance and air ambulance programs.
(4) Progress of some construction projects did not reach stage of completion required to fully expend capital budget.
(5) Primarily staff vacancies and operating savings.
(6) Primarily the result of funding provided for the health sector job evaluation project.
(7) Primarily the result of additional staff and operating requirements.
(8) Primarily the result of information technology funding expended for other sub-programs.
(9) Primarily the result of physician contract settlement and increased usage of out-of-province hospital services.
(10) Primarily the result of information technology funding expended in another sub-program as well as decreased usage of extended benefit services.
(11) Delayed implementation of some health system transition activity during preparation of Commission on Medicare report.

# SASKATCHEWAN HEALTH COMPARISON OF ACTUAL REVENUE AND EXPENDITURES ON ESTIMATES

| STATEMENT OF OPERATIONS | Assiniboine Valley | Battlefords | Central Plains | East Central | Gabriel Springs | Greenhead | Keewatin Yatthe' | Living Sky | Lloydminster |
|---|---|---|---|---|---|---|---|---|---|
| **Operating Revenues:** | | | | | | | | | |
| Saskatchewan Health - | | | | | | | | | |
| General Revenue Fund | 20,424,603 | 52,055,882 | 21,067,346 | 50,579,048 | 10,790,049 | 11,606,463 | 10,794,129 | 13,445,427 | 9,479,012 |
| Long-term Resident and Respite Income | 2,805,890 | 3,134,368 | 2,620,632 | 4,459,943 | 10,519 | 1,349,566 | - | 2,115,245 | 1,661,102 |
| Home Based Services - Client Fees | 123,216 | 132,759 | 223,156 | 250,151 | 96,079 | 135,214 | 16,799 | 138,739 | 68,951 |
| Emergency Response Service Fees | - | - | 29,214 | 44,513 | - | 232,042 | 292,239 | 64,438 | 95,808 |
| CMHC Mortgage Subsidies | - | - | - | - | - | - | - | 20,534 | 64,084 |
| Out-of-Province/Third Party Reimbursements | 246,018 | 967,615 | 15,722 | 1,817,340 | 104,987 | 73,146 | 86,128 | 105,289 | 468,854 |
| Donations | - | 14,711 | 9,505 | 17,397 | 13,960 | 1,091 | - | - | 63,372 |
| Investment Income | 39,636 | 190,346 | 138,757 | 8,701 | 62,927 | 39,649 | 10,599 | 5,249 | 253,689 |
| Ancillary Operations | - | 685,216 | 21,204 | - | - | - | - | 30,490 | - |
| Other | 690,527 | 1,112,508 | 444,626 | 1,490,627 | 153,190 | 429,709 | 115,537 | 404,286 | 10,073,266 |
| **Total Operating Revenue** | **24,329,890** | **58,293,405** | **24,570,162** | **58,667,720** | **11,231,711** | **13,866,880** | **11,315,431** | **16,329,697** | **22,228,138** |
| **Operating Expenses:** | | | | | | | | | |
| Acute Services | 7,932,549 | 19,219,615 | 2,098,616 | 24,368,571 | 3,796,359 | 4,085,103 | 3,481,813 | 4,901,524 | 10,387,172 |
| Specialized Hospital Programs | - | 13,299,818 | - | 596,348 | - | - | - | - | - |
| Supportive Care Services | 11,932,471 | 13,572,801 | 10,396,110 | 20,092,614 | 4,756,074 | 5,512,519 | - | 7,925,880 | 7,495,646 |
| Grants to Affiliates: | | | | | | | | | |
| Acute Services | - | - | 6,035,713 | - | - | - | 2,476,591 | - | - |
| Supportive Care Services | - | 922,972 | 1,100,406 | - | - | 998,517 | - | - | - |
| Other | - | - | - | - | - | - | 16,398 | - | - |
| Home Based Services | 2,302,310 | 1,990,526 | 2,371,502 | 4,322,403 | 902,517 | 1,449,551 | 833,603 | 1,788,969 | 1,111,293 |
| Health Improvement Initiatives: | | | | | | | | | |
| Health, Wellness and Social Centres | - | - | 321,084 | - | - | - | - | 171,536 | 90,606 |
| Rural Health Initiatives | 344,661 | 174,595 | 336,867 | 543,384 | 183,467 | 328,824 | - | 156,725 | 136,706 |
| Community Care Initiatives | 150,848 | - | 6,948 | 183,403 | - | 110,471 | 697,457 | - | 85,702 |
| Emergency Response Services | 682,541 | 428,724 | 559,701 | 700,681 | 220,388 | 619,350 | 770,349 | 536,217 | 250,639 |
| Alcohol and Drug Services | 54,988 | 510,151 | 137,307 | 252,572 | 57,080 | 73,762 | 941,616 | 33,486 | 414,836 |
| Community Health Services | 422,276 | 2,597,842 | 456,321 | 1,991,078 | 267,227 | 596,357 | 1,922,700 | 319,896 | 600,999 |
| Mental Health Services | 71,652 | 5,035,863 | 134,082 | 4,857,224 | 140,242 | 80,221 | - | 90,732 | 870,162 |
| Rehabilitation Services | 225,906 | 536,074 | 338,028 | 438,071 | 114,534 | 59,891 | 174,904 | 117,048 | 763,230 |
| Ancillary Operations- | - | - | 24,224 | - | - | - | - | 1,037 | - |
| Other | - | - | 38,986 | 258,882 | 772,640 | - | - | - | - |
| **Total Operating Expenses** | **24,120,202** | **58,288,981** | **24,355,895** | **58,605,231** | **11,210,528** | **13,914,566** | **11,315,431-** | **16,043,050** | **22,206,991** |
| **Operating Fund Excess/(Deficiency) of Revenues over Expenses** | **209,688** | **4,424** | **214,267** | **62,489** | **21,183** | **(47,686)** | **-** | **286,647** | **21,147** |
| Operating Fund Balance - Beginning of the year | (1,307,165) | 226,311 | 1,106,409 | (15,492,991) | 657,455 | (549,097) | 113,244 | (2,231,683) | 3,648,405 |
| Interfund Transfers | (335,199) | 10,578 | (268,322) | (625,122) | (20,122) | (407,119) | - | - | (257,879) |
| Equity Adjustments- | - | - | - | - | - | (8,299) | (61,363) | - | - |
| Total Adjustments to Equity | (335,199) | 10,578 | (268,322) | (625,122) | (20,122) | (415,418) | (61,363) | - | (257,879) |
| Operating Fund Balance - End of Year | (1,432,676) | 241,313 | 1,052,354 | (16,055,624) | 658,516 | (1,012,201) | 51,881 | (1,945,036) | 3,411,673 |
| STATEMENT OF FINANCIAL POSITION | | | | | | | | | |
| **Operating Assets:** | | | | | | | | | |
| Cash and Short-term Investments | 1,137,927 | 4,282,614 | 3,306,262 | 6,400 | 214,621 | (247,005) | 134,662 | 244,894 | 953,010 |
| Accounts Receivable: | | | | | | | | | |
| Saskatchewan Health | - | - | 110,470 | 33,435 | - | - | 187,035 | 200,000 | 781,856 |
| Other | 297,427 | 1,973,476 | 431,203 | 816,150 | 248,892 | 320,369 | 497,137 | 437,123 | 719,358 |
| Inventory | 622,508 | 552,940 | 227,552 | 664,000 | 128,460 | 229,286 | 92,089 | 402,659 | 474,148 |
| Prepaid Expenses | 59,049 | 474,299 | 33,859 | 386,204 | 44,459 | - | 29,839 | 75,318 | 410,262 |
| Investments | - | - | - | - | 968,514 | - | 200,000 | 10,059 | 3,334,798 |
| Restricted Assets | - | 581,843 | - | - | - | - | - | - | - |
| Other | - | - | - | - | - | - | - | - | - |
| **Total Operating Assets** | **2,116,911** | **7,865,172** | **4,109,346** | **1,906,189** | **1,604,946** | **302,650** | **1,140,762** | **1,370,053** | **6,673,432** |
| **Liabilities and Operating Fund Balance:** | | | | | | | | | |
| Accounts Payable | 1,256,122 | 2,329,500 | 680,442 | 1,561,637 | 343,694 | 121,355 | 208,423 | 1,130,675 | 1,307,153 |
| Bank Indebtedness | - | - | - | 11,285,210 | - | - | - | 937,998 | - |
| Accrued Liabilities | 1,960,378 | 4,133,577 | 1,299,951 | 4,977,519 | 524,659 | 938,962 | 604,586 | 1,157,202 | 1,657,674 |
| Deferred Revenue | 333,087 | 1,160,782 | 1,076,599 | 137,447 | 78,077 | 254,534 | 275,872 | 89,214 | 296,932 |
| **Total Liabilities** | **3,549,587** | **7,623,859** | **3,056,992** | **17,961,813** | **946,430** | **1,314,851** | **1,088,881** | **3,315,089** | **3,261,759** |
| Externally Restricted | - | - | - | - | - | - | - | - | - |
| Internally Restricted | - | - | - | - | 74,199 | - | - | - | 110,601 |
| Unrestricted | (1,432,676) | 241,313 | 1,052,354 | (16,055,624) | 584,317 | (1,012,201) | 51,881 | (1,945,036) | 3,301,072 |
| **Operating Fund Balance** | **(1,432,676)** | **241,313** | **1,052,354** | **(16,055,624)** | **658,516** | **(1,012,201)** | **51,881** | **(1,945,036)** | **3,411,673** |
| **Total Liabilities and Operating Fund Balance** | **2,116,911** | **7,865,172** | **4,109,346** | **1,906,189** | **1,604,946** | **302,650** | **1,140,762** | **1,370,053** | **6,673,432** |

# FINANCIAL STATEMENTS

| STATEMENT OF OPERATIONS | Mamawetan Churchill River | Midwest | Moose Jaw - Thunder Creek | Moose Mountain | North Central | North-East |
|---|---|---|---|---|---|---|
| **Operating Revenues:** | | | | | | |
| Saskatchewan Health - General Revenue Fund | 12,882,105 | 19,153,461 | 52,387,149 | 13,287,418 | 16,858,352 | 16,127,714 |
| Long-term Resident and Respite Income | 230,435 | 2,701,609 | 1,281,164 | 1,470,140 | 1,635,101 | 1,751,628 |
| Home Based Services - Client Fees | 34,330 | 225,496 | 301,141 | 142,508 | 162,859 | 157,153 |
| Emergency Response Service Fees | - | 305,209 | 106,740 | 206,174 | - | - |
| CMHC Mortgage Subsidies | - | 176,555 | 77,932 | - | 58,800 | - |
| Out-of-Province/Third Party Reimbursements | 58,001 | 106,023 | 484,972 | 384,572 | 117,157 | 109,086 |
| Donations | - | - | 112,720 | 218,619 | - | 27,979 |
| Investment Income | 11,382 | 201,417 | 365,283 | 101,505 | 191,571 | 135,035 |
| Ancillary Operations | 301,687 | - | 161,733 | - | 60,155 | 319,336 |
| Other | 240,019 | 486,092 | 1,475,638 | 268,306 | 570,951 | - |
| **Total Operating Revenue** | **13,757,959** | **23,355,862** | **56,754,472** | **16,079,242** | **19,654,946** | **18,627,931** |
| **Operating Expenses:** | | | | | | |
| Acute Services | 4,505,800 | 5,096,589 | 23,921,486 | 5,663,539 | 7,087,732 | 6,064,071 |
| Specialized Hospital Programs | - | - | 350,275 | - | - | - |
| Supportive Care Services | - | 12,040,340 | 6,648,257 | 6,677,273 | 7,895,197 | 7,638,283 |
| Grants to Affiliates: | | | | | | |
| Acute Services | - | - | - | - | - | - |
| Supportive Care Services | - | - | 10,399,737 | - | - | - |
| Other | - | - | 1,410,753 | - | - | - |
| Home Based Services | 774,964 | 2,498,577 | 4,026,078 | 1,658,505 | 1,464,572 | 1,524,270 |
| Health Improvement Initiatives: | | | | | | |
| Health, Wellness and Social Centres | - | 618,780 | 82,825 | 77,520 | - | 896,159 |
| Rural Health Initiatives | - | 308,226 | 884,184 | 241,626 | 215,661 | 62,518 |
| Community Care Initiatives | 18,241 | 59,776 | 267,000 | 86,692 | 56,905 | 269,576 |
| Emergency Response Services | 441,437 | 653,630 | 944,910 | 313,194 | 200,488 | 247,230 |
| Alcohol and Drug Services | 966,079 | 49,452 | 225,332 | 113,273 | 219,151 | - |
| Community Health Services | 3,803,208 | 1,364,983 | 2,242,100 | 359,328 | 1,537,486 | 339,837 |
| Mental Health Services | 655,388 | 388,773 | 3,558,357 | 262,451 | 278,220 | 282,623 |
| Rehabilitation Services | 218,166 | 95,361 | 477,886 | 207,791 | 453,106 | 132,125 |
| Ancillary Operations | - | - | 117,810 | - | - | - |
| Other | 2,232,863 | 350,000 | - | 117,442 | 222,218 | 1,110,167 |
| **Total Operating Expenses** | **13,616,146** | **23,524,487** | **55,556,990** | **15,778,634** | **19,630,736** | **18,366,859** |
| **Operating Fund Excess/(Deficiency) of Revenues over Expenses** | **141,813** | **(168,625)** | **1,197,482** | **300,608** | **24,210** | **61,072** |
| Operating Fund Balance - Beginning of the year | (581,519) | 1,270,503 | 1,886,131 | 1,242,412 | 2,744,798 | 564,101 |
| Interfund Transfers | 22,481 | (9,390) | (1,190,000) | (190,577) | (906,054) | (39,631) |
| Equity Adjustments | - | - | - | - | - | - |
| Total Adjustments to Equity | 22,481 | (9,390) | (1,190,000) | (190,577) | (906,054) | (39,631) |
| Operating Fund Balance - End of Year | (417,225) | 1,092,488 | 1,893,613 | 1,352,443 | 1,862,954 | 585,542 |
| STATEMENT OF FINANCIAL POSITION | | | | | | |
| **Operating Assets:** | | | | | | |
| Cash and Short-term Investments | 333,366 | 3,951,445 | 6,103,078 | 2,350,332 | 1,888,457 | 1,498,554 |
| Accounts Receivable: | | | | | | |
| Saskatchewan Health | 380,423 | - | 4,047 | - | - | - |
| Other | 190,087 | 313,393 | 402,706 | 250,535 | 364,193 | 166,027 |
| Inventory | 100,890 | 435,980 | 552,044 | 236,502 | 208,772 | 301,469 |
| Prepaid Expenses | 79,433 | 222,466 | 439,928 | 143,954 | 185,816 | 238,263 |
| Investments | - | - | 58,500 | - | 828,335 | 50,000 |
| Restricted Assets | - | - | - | - | - | - |
| Other | - | - | - | - | 13,269 | 12,148 |
| **Total Operating Assets** | **1,084,199** | **4,923,284** | **7,650,303** | **2,981,323** | **3,488,842** | **2,266,461** |
| **Liabilities and Operating Fund Balance:** | | | | | | |
| Accounts Payable | 536,470 | 1,013,205 | 1,275,702 | 516,336 | 189,760 | 367,012 |
| Bank Indebtedness | - | - | - | - | - | - |
| Accrued Liabilities | 733,049 | 1,513,069 | 3,067,551 | 1,068,153 | 1,353,993 | 1,277,211 |
| Deferred Revenue | 231,905 | 1,304,522 | 1,413,437 | 44,391 | 82,135 | 36,696 |
| Total Liabilities | 1,501,424 | 3,830,796 | 5,756,690 | 1,628,880 | 1,625,888 | 1,680,919 |
| Externally Restricted | - | - | - | - | - | - |
| Internally Restricted | - | - | 717,599 | 662,316 | - | - |
| Unrestricted | (417,225) | 1,092,488 | 1,176,014 | 690,127 | 1,862,954 | 585,542 |
| **Operating Fund Balance** | **(417,225)** | **1,092,488** | **1,893,613** | **1,352,443** | **1,862,954** | **585,542** |
| **Total Liabilities and Operating Fund Balance** | **1,084,199** | **4,923,284** | **7,650,303** | **2,981,323** | **3,488,842** | **2,266,461** |

# FINANCIAL STATEMENTS

| STATEMENT OF OPERATIONS | North Valley | Northwest | Parkland | Pasquia | Pipestone |
|---|---|---|---|---|---|
| **Operating Revenues:** | | | | | |
| Saskatchewan Health - General Revenue Fund | 17,326,394 | 10,509,653 | 16,532,811 | 18,060,064 | 21,170,045 |
| Long-term Resident and Respite Income | 2,532,148 | 1,099,923 | 1,970,991 | 1,974,264 | 3,435,515 |
| Home Based Services - Client Fees | 136,270 | 57,343 | 150,646 | 188,704 | 215,844 |
| Emergency Response Service Fees | 55,214 | 476,551 | - | 128,221 | 254,495 |
| CMHC Mortgage Subsidies | - | 62,707 | 348,409 | 139,341 | 118,568 |
| Out-of-Province/Third Party Reimbursements | 230,744 | 134,067 | 194,934 | 145,575 | 1,015,320 |
| Donations | 17,178 | 11,459 | - | - | - |
| Investment Income | 37,589 | 163,698 | 21,457 | 155,627 | 35,348 |
| Ancillary Operations | 119,884 | - | - | 23,020 | - |
| Other | 387,323 | 305,993 | 183,837 | 278,044 | 214,731 |
| **Total Operating Revenue** | **20,842,744** | **12,821,394** | **19,403,085** | **21,092,860** | **26,459,866** |
| **Operating Expenses:** | | | | | |
| Acute Services | 6,893,745 | 5,534,376 | 5,095,129 | 8,170,363 | 7,369,322 |
| Specialized Hospital Programs | - | - | - | 393,997 | - |
| Supportive Care Services | 10,282,259 | 4,116,830 | 9,308,915 | 7,858,100 | 13,476,549 |
| Grants to Affiliates: | | | | | |
| Acute Services | - | - | - | - | - |
| Supportive Care Services | - | - | - | - | - |
| Other | - | - | - | - | - |
| Home Based Services | 1,632,142 | 733,677 | 2,470,941 | 1,849,661 | 2,016,829 |
| Health Improvement Initiatives: | | | | | |
| Health, Wellness and Social Centres | 283,814 | 116,837 | - | 252,790 | 684,599 |
| Rural Health Initiatives | 349,689 | 144,425 | 242,628 | 350,357 | 550,250 |
| Community Care Initiatives | 51,921 | 87,947 | - | 56,647 | - |
| Emergency Response Services | 374,839 | 899,906 | 421,106 | 624,353 | 629,641 |
| Alcohol and Drug Services | 128,832 | 211,193 | 100,105 | 54,553 | 868,213 |
| Community Health Services | 318,953 | 389,907 | 324,281 | 574,361 | 360,826 |
| Mental Health Services | 67,488 | 231,852 | 131,738 | 185,332 | 324,249 |
| Rehabilitation Services | 327,583 | 160,049 | 133,800 | 189,263 | 141,347 |
| Ancillary Operations | - | - | - | - | - |
| Other | - | - | 900,937 | - | - |
| **Total Operating Expenses** | **20,711,265** | **12,626,999** | **19,129,580** | **20,559,777** | **26,421,825** |
| **Operating Fund Excess/(Deficiency) of Revenues over Expenses** | **131,479** | **194,395** | **273,505** | **533,083** | **38,041** |
| Operating Fund Balance - Beginning of the year | (2,303,048) | 2,229,798 | (1,442,525) | 1,435,056 | (895,351) |
| Interfund Transfers | (170,439) | (160,000) | 95,509 | (323,645) | (274,844) |
| Equity Adjustments | - | - | - | - | - |
| Total Adjustments to Equity | (170,439) | (160,000) | 95,509 | (323,645) | (274,844) |
| Operating Fund Balance - End of Year | (2,342,008) | 2,264,193 | (1,073,511) | 1,644,494 | (1,132,154) |

| STATEMENT OF FINANCIAL POSITION | | | | | |
|---|---|---|---|---|---|
| **Operating Assets:** | | | | | |
| Cash and Short-term Investments | 220,988 | 2,067,169 | 718,670 | 2,923,282 | 467,775 |
| Accounts Receivable | | | | | |
| Saskatchewan Health | - | 44,234 | - | 70,851 | - |
| Other | 265,637 | 244,863 | 554,329 | 303,155 | 1,086,907 |
| Inventory | 322,170 | 210,745 | 182,012 | 488,960 | 365,236 |
| Prepaid Expenses | 187,063 | 75,290 | 98,131 | 172,562 | 187,765 |
| Investments | 466,899 | 1,004,446 | - | - | 21,300 |
| Restricted Assets | - | - | - | - | - |
| Other | - | - | - | - | - |
| **Total Operating Assets** | **1,462,757** | **3,646,747** | **1,553,142** | **3,958,810** | **2,128,983** |
| **Liabilities and Operating Fund Balance:** | | | | | |
| Accounts Payable | 492,305 | 372,700 | 1,178,906 | 720,977 | 534,694 |
| Bank Indebtedness | 1,119,901 | - | - | - | 150,000 |
| Accrued Liabilities | 1,848,975 | 956,467 | 1,304,065 | 1,434,308 | 2,319,810 |
| Deferred Revenue | 343,584 | 53,387 | 143,682 | 159,031 | 256,633 |
| Total Liabilities | 3,804,765 | 1,382,554 | 2,626,653 | 2,314,316 | 3,261,137 |
| Externally Restricted | - | - | - | - | - |
| Internally Restricted | 624,965 | - | - | - | - |
| Unrestricted | (2,966,973) | 2,264,193 | (1,073,511) | 1,644,494 | (1,132,154) |
| **Operating Fund Balance** | **(2,342,008)** | **2,264,193** | **(1,073,511)** | **1,644,494** | **(1,132,154)** |
| **Total Liabilities and Operating Fund Balance** | **1,462,757** | **3,646,747** | **1,553,142** | **3,958,810** | **2,128,983** |

# FINANCIAL STATEMENTS

| | Prairie West | Prince Albert | Regina[1] | Rolling Hills | Saskatoon | South Central |
|---|---|---|---|---|---|---|
| **STATEMENT OF OPERATIONS** | | | | | | |
| **Operating Revenues:** | | | | | | |
| Saskatchewan Health - General Revenue Fund | 13,041,027 | 63,647,223 | 349,114,000 | 8,898,577 | 357,639,000 | 30,940,260 |
| Long-term Resident and Respite Income | 1,735,013 | 2,895,286 | 2,396,000 | 768,366 | - | 3,313,821 |
| Home Based Services - Client Fees | 164,826 | 160,665 | 749,000 | 132,474 | - | 161,527 |
| Emergency Response Service Fees | 309,125 | - | 1,786,000 | 37,815 | - | 384,069 |
| CMHC Mortgage Subsidies | 165,668 | - | - | 23,134 | - | - |
| Out-of-Province/Third Party Reimbursements | 121,580 | 511,779 | 14,270,000 | 32,712 | 15,535,000 | 122,250 |
| Donations | 193 | 6,639 | 868,000 | - | - | 8,532 |
| Investment Income | 162,339 | 199,899 | 231,000 | 72,936 | - | 230,500 |
| Ancillary Operations | 141,347 | 1,010,537 | 2,585,000 | 12,366 | - | - |
| Other | 499,397 | 2,239,657 | 9,384,000 | 122,002 | 4,718,000 | 837,340 |
| **Total Operating Revenue** | **16,340,477** | **70,671,685** | **381,383,000** | **10,100,382** | **377,892,000** | **35,998,299** |
| **Operating Expenses:** | | | | | | |
| Acute Services | 3,965,314 | 32,557,478 | 221,668,000 | 1,172,712 | 263,849,000 | 7,124,546 |
| Specialized Hospital Programs | - | 776,274 | 15,941,000 | - | - | - |
| Supportive Care Services | 7,592,048 | 11,118,012 | 23,183,000 | 3,875,061 | 53,365,000 | 16,498,870 |
| Grants to Affiliates: | | | | | | |
| Acute Services | - | - | - | - | - | - |
| Supportive Care Services | - | 4,466,521 | 40,375,000 | 2,150,218 | - | 1,685,039 |
| Other | - | - | - | - | - | 219,821 |
| Home Based Services | 1,382,442 | 4,332,708 | 14,136,000 | 1,005,828 | 17,978,000 | 2,164,987 |
| Health Improvement Initiatives: | | | | | | |
| Health, Wellness and Social Centres | 784,964 | 5,090,140 | 245,000 | 842,947 | 944,000 | 791,731 |
| Rural Health Initiatives | 174,428 | 857,592 | 1,893,000 | 177,178 | 61,000 | 459,465 |
| Community Care Initiatives | 93,551 | 706,979 | 583,000 | 21,250 | 625,000 | 179,173 |
| Emergency Response Services | 822,654 | 651,264 | 3,911,000 | 296,984 | 1,603,000 | 937,705 |
| Alcohol and Drug Services | 137,031 | 616,411 | 1,936,000 | 71,256 | 3,619,000 | 119,058 |
| Community Health Services | 484,170 | 3,255,489 | 11,939,000 | 216,580 | 9,937,000 | 1,727,506 |
| Mental Health Services | 330,331 | 5,172,406 | 14,172,000 | 56,936 | 12,882,000 | 3,562,668 |
| Rehabilitation Services | 113,809 | - | 23,697,000 | 80,326 | 12,647,000 | 352,665 |
| Ancillary Operations | 25,110 | 596,481 | 807,000 | 29,326 | - | - |
| Other | - | - | 697,000 | - | - | - |
| **Total Operating Expenses** | **15,865,852** | **70,197,755** | **375,179,000** | **9,996,602** | **377,510,000** | **35,823,234** |
| **Operating Fund Excess/(Deficiency) of Revenues over Expenses** | **474,625** | **473,930** | **6,204,000** | **103,780** | **382,000** | **175,065** |
| Operating Fund Balance - Beginning of the year | 777,766 | (2,772,176) | (42,514,000) | 870,513 | (12,488,000) | 2,861,410 |
| Interfund Transfers | (469,491) | (473,930) | - | (136,538) | - | (389,671) |
| Equity Adjustments | - | - | - | - | - | - |
| Total Adjustments to Equity | (469,491) | (473,930) | - | (136,538) | - | (389,671) |
| Operating Fund Balance - End of Year | 782,900 | (2,772,176) | (36,310,000) | 837,755 | (12,106,000) | 2,646,804 |
| **STATEMENT OF FINANCIAL POSITION** | | | | | | |
| **Operating Assets:** | | | | | | |
| Cash and Short-term Investments | 1,634,025 | 2,840,066 | 1,087,000 | 940,259 | 6,039,000 | 2,272,557 |
| Accounts Receivable: | | | | | | |
| Saskatchewan Health | 3,549 | 140,116 | 5,081,000 | 11,210 | 1,109,000 | 37,739 |
| Other | 244,388 | 947,769 | 6,038,000 | 85,158 | 16,892,000 | 661,601 |
| Inventory | 300,180 | 486,212 | 3,714,000 | 205,701 | 5,378,000 | 604,111 |
| Prepaid Expenses | 80,236 | 940,162 | 2,726,000 | 23,476 | 1,612,000 | 202,916 |
| Investments | 1,193,091 | - | 1,480,000 | 629,470 | - | 2,548,144 |
| Restricted Assets | - | - | - | - | - | 835,246 |
| Other | - | - | 5,215,000 | - | - | - |
| **Total Operating Assets** | **3,455,469** | **5,354,325** | **25,341,000** | **1,895,274** | **31,030,000** | **7,162,314** |
| **Liabilities and Operating Fund Balance:** | | | | | | |
| Accounts Payable | 940,908 | 2,943,000 | 13,907,000 | 261,297 | 18,385,000 | 1,353,986 |
| Bank Indebtedness | - | - | 17,901,000 | - | - | - |
| Accrued Liabilities | 1,253,726 | 4,051,906 | 25,520,000 | 538,351 | 21,978,000 | 2,832,744 |
| Deferred Revenue | 477,935 | 1,131,595 | 4,323,000 | 257,871 | 2,773,000 | 328,800 |
| Total Liabilities | 2,672,569 | 8,126,501 | 61,651,000 | 1,057,519 | 43,136,000 | 4,515,510 |
| Externally Restricted | - | - | - | - | - | 498,796 |
| Internally Restricted | - | - | - | 500,113 | - | 336,450 |
| Unrestricted | 782,900 | (2,772,176) | (36,310,000) | 337,642 | (12,106,000) | 1,811,558 |
| **Operating Fund Balance** | **782,900** | **(2,772,176)** | **(36,310,000)** | **837,755** | **(12,106,000)** | **2,646,804** |
| **Total Liabilities and Operating Fund Balance** | **3,455,469** | **5,354,325** | **25,341,000** | **1,895,274** | **31,030,000** | **7,162,314** |

# FINANCIAL STATEMENTS

2000-01

| STATEMENT OF OPERATIONS | South Country | South East | Southwest | Swift Current | Touchwood Qu'Appelle | Twin Rivers | Grand Total |
|---|---|---|---|---|---|---|---|
| **Operating Revenues:** | | | | | | | |
| Saskatchewan Health - General Revenue Fund | 11,740,210 | 20,463,631 | 13,121,092 | 31,130,103 | 10,815,489 | 9,696,895 | 1,334,784,632 |
| Long-term Resident and Respite Income | 1,385,641 | 2,396,313 | 1,759,277 | 2,367,442 | 1,444,853 | 1,190,574 | 99,892,769 |
| Home Based Services - Client Fees | 153,023 | 231,200 | 135,993 | 134,631 | 114,579 | 136,982 | 5,232,258 |
| Emergency Response Service Fees | - | 471,656 | 249,024 | - | - | 210,051 | 5,738,598 |
| CMHC Mortgage Subsidies | - | - | - | - | - | 41,161 | 1,296,893 |
| Out-of-Province/Third Party Reimbursements | 213,097 | 49,436 | 234,435 | 239,509 | 64,550 | 103,202 | 38,363,100 |
| Donations | 2,421 | 4,141 | 17,500 | 31,288 | - | 14,844 | 1,461,511 |
| Investment Income | 25,175 | 30,101 | 91,578 | 146,277 | 101,821 | 28,080 | 3,489,231 |
| Ancillary Operations | 18,680 | - | 48,705 | 165,748 | - | 34,993 | 5,740,101 |
| Other | 42,470 | 534,577 | 343,576 | 790,746 | 194,460 | 299,390 | 39,330,825 |
| **Total Operating Revenue** | **13,580,717** | **24,181,115** | **16,001,180** | **35,005,744** | **12,735,752** | **11,756,172** | **1,495,329,918** |
| **Operating Expenses:** | | | | | | | |
| Acute Services | 2,573,022 | - | 4,881,437 | 16,315,079 | 2,421,473 | 3,545,795 | 725,747,330 |
| Specialized Hospital Programs | - | - | - | 445,720 | - | - | 31,803,432 |
| Supportive Care Services | 4,905,950 | 9,922,195 | 7,042,455 | 10,490,693 | 5,988,819 | 4,871,919 | 326,480,140 |
| Grants to Affiliates: | | | | | | | |
| Acute Services | 1,271,415 | 6,915,323 | - | - | 1,522,350 | - | 18,221,392 |
| Supportive Care Services | 1,321,776 | 1,850,288 | - | - | 268,650 | - | 65,539,124 |
| Other | 33,000 | 51,308 | 33,500 | - | - | - | 1,764,780 |
| Home Based Services | 1,389,331 | 2,076,986 | 1,761,663 | 2,216,967 | 1,255,389 | 1,169,162 | 88,592,353 |
| Health Improvement Initiatives: | | | | | | | |
| Health, Wellness and Social Centres | 323,475 | 488,409 | 515,684 | - | 38,000 | 838,069 | 14,498,969 |
| Rural Health Initiatives | 549,567 | 521,287 | 265,094 | 310,690 | 470,880 | 255,794 | 11,550,768 |
| Community Care Initiatives | 56,918 | - | 12,087 | 109,909 | 83,711 | - | 4,621,112 |
| Emergency Response Services | 382,461 | 994,456 | 717,150 | 304,054 | 332,438 | 495,231 | 21,967,721 |
| Alcohol and Drug Services | 65,015 | - | 69,007 | 212,710 | 65,791 | 50,110 | 12,373,370 |
| Community Health Services | 468,421 | 497,824 | 325,638 | 1,753,427 | 145,172 | 174,022 | 51,710,215 |
| Mental Health Services | 125,218 | 658,136 | 73,632 | 2,614,138 | 57,124 | 50,363 | 57,401,601 |
| Rehabilitation Services | 68,780 | 239,791 | 80,606 | 51,182 | 88,738 | 49,285 | 42,773,345 |
| Ancillary Operations | - | - | 68,147 | 83,447 | - | - | 1,752,582 |
| Other | - | - | - | - | - | - | 6,701,135 |
| **Total Operating Expenses** | **13,534,349** | **24,216,003** | **15,846,100** | **34,908,016** | **12,738,535** | **11,499,750** | **1,483,499,369** |
| **Operating Fund Excess/(Deficiency) of Revenues over Expenses** | **46,368** | **(34,888)** | **155,080** | **97,728** | **(2,783)** | **256,422** | **11,830,549** |
| Operating Fund Balance - Beginning of the year | (233,097) | (196,596) | 647,429 | (668,458) | 889,664 | (790,450) | (61,294,751) |
| Interfund Transfers | (33,326) | 85,780 | (10,064) | (392,427) | (248,409) | (327,684) | (7,445,535) |
| Equity Adjustments | - | - | - | - | - | - | (69,662) |
| Total Adjustments to Equity | (33,326) | 85,780 | (10,064) | (392,427) | (248,409) | (327,684) | (7,515,197) |
| Operating Fund Balance - End of Year | (220,055) | (145,704) | 792,445 | (963,157) | 638,472 | (861,712) | (56,979,399) |

| STATEMENT OF FINANCIAL POSITION | South Country | South East | Southwest | Swift Current | Touchwood Qu'Appelle | Twin Rivers | Grand Total |
|---|---|---|---|---|---|---|---|
| **Operating Assets:** | | | | | | | |
| Cash and Short-term Investments | 757,632 | 661,866 | 2,338,570 | 1,125,614 | 2,148,412 | 37,675 | 54,439,177 |
| Accounts Receivable: | | | | | | | |
| Saskatchewan Health | - | - | - | 774,612 | 140,000 | - | 9,109,577 |
| Other | 203,041 | 689,087 | 244,778 | 671,539 | 101,290 | 303,986 | 37,055,604 |
| Inventory | 111,952 | 38,330 | 410,781 | 421,103 | 197,036 | 277,015 | 18,942,843 |
| Prepaid Expenses | 27,059 | 123,009 | 83,173 | 105,561 | 82,701 | 9,942 | 9,560,195 |
| Investments | - | 97,275 | - | 395,078 | - | 173,565 | 13,459,474 |
| Restricted Assets | - | - | - | - | - | - | 1,417,089 |
| Other | - | - | - | - | - | - | 5,240,417 |
| **Total Operating Assets** | **1,099,684** | **1,609,567** | **3,077,302** | **3,493,507** | **2,669,439** | **802,183** | **149,224,376** |
| **Liabilities and Operating Fund Balance:** | | | | | | | |
| Accounts Payable | 511,839 | 544,374 | 757,349 | 1,481,994 | 396,960 | 630,967 | 58,251,722 |
| Bank Indebtedness | - | - | - | - | - | - | 31,394,109 |
| Accrued Liabilities | 807,900 | 1,131,911 | 1,291,526 | 2,683,973 | 1,344,038 | 827,269 | 98,392,503 |
| Deferred Revenue | - | 78,986 | 235,982 | 290,697 | 289,969 | 205,659 | 18,165,441 |
| Total Liabilities | 1,319,739 | 1,755,271 | 2,284,857 | 4,456,664 | 2,030,967 | 1,663,895 | 206,203,775 |
| Externally Restricted | - | - | 33,426 | - | - | - | 532,222 |
| Internally Restricted | - | - | 61,433 | 54,178 | 21,304 | - | 3,163,158 |
| Unrestricted | (220,055) | (145,704) | 697,586 | (1,017,335) | 617,168 | (861,712) | (60,674,779) |
| **Operating Fund Balance** | **(220,055)** | **(145,704)** | **792,445** | **(963,157)** | **638,472** | **(861,712)** | **(56,979,399)** |
| **Total Liabilities and Operating Fund Balance** | **1,099,684** | **1,609,567** | **3,077,302** | **3,493,507** | **2,669,439** | **802,183** | **149,224,376** |

Note: Certain figures have been reclassified to conform to this format.

Note: Individual District Health Boards' audited financial statements are available from the Health District.

1. Regina does not present their Statement of Financial Position in this format, therefore, these detailed numbers are considered unaudited.
2. Keewatin Yatthe Health District's Final Financial Statements have not yet been received by the Department, therefore draft financial statement information has been used.

# Appendices

## PENDIX I: SUMMARY OF SASKATCHEWAN LEGISLATION

### THE AMBULANCE ACT

- Regulates emergency medical technologists/paramedics and funding of ambulance boards.

### THE CANCER FOUNDATION ACT

- Sets out funding relationship between Saskatchewan Health and the Saskatchewan Cancer Foundation and its responsibility to provide cancer related services.

### THE CHANGE OF NAME ACT, 1995

- Administers the registration of legal name changes for residents of Saskatchewan.

### THE CHIROPODY PROFESSION ACT

- Regulates the profession of chiropody/podiatry.

### THE CHIROPRACTIC ACT, 1994

- Regulates the chiropractic profession.

### THE DENTAL CARE ACT

- Allows for the subsidy program for children receiving dental care.

### THE DENTAL DISCIPLINES ACT

- Omnibus statute regulates the six dental professions of dentistry, dental hygiene, dental therapists, dental assistants, denturists and dental technicians.

### THE DEPARTMENT OF HEALTH ACT

- Provides the legal authority for the Minister of Health to make expenditures, undertake research, create committees, operate laboratories and conduct other activities for the benefit of the health system.

### THE EMERGENCY MEDICAL AID ACT

- Provides protection from liability for physicians, nurses and others when they are providing emergency care.

### THE HEALTH DISTRICTS ACT

- Allows for the establishment and funding of health districts to provide health services.

### THE HEALTH FACILITIES LICENSING ACT

- Governs the establishment and regulation of health facilities such as non-hospital surgical clinics.

### THE HEALTH INFORMATION PROTECTION ACT (NOT YET PROCLAIMED)

- Protects personal health information in the health system in Saskatchewan.

### THE HEALTH SERVICES UTILIZATION AND RESEARCH COMMISSION ACT

- Allows for the establishment, management and funding of this research body.

### THE HEARING AID ACT

- Governs the province's hearing aid and audiology program.

### THE HOME CARE ACT

- Regulates the funding and provision of home care services in the Province.

### THE HOSPITAL STANDARDS ACT

- Regulates the standards for services delivered in hospitals.

## APPENDIX I: SUMMARY OF SASKATCHEWAN LEGISLATION

### THE HOUSING AND SPECIAL-CARE HOMES ACT

- Regulates the establishment, licensing and funding of special-care homes (long-term care facilities) in the Province.

### THE HUMAN TISSUE GIFT ACT

- Regulates organ donations in the province.

### THE LICENSED PRACTICAL NURSES ACT

- Regulates licensed practical nurses in the province.

### THE MEDICAL AND HOSPITALIZATION TAX REPEAL ACT

- Ensure premiums cannot be levied under The Saskatchewan Hospitalization Act or The Saskatchewan Medical Care Insurance Act.

### THE MEDICAL LABORATORY LICENSING ACT

- Governs the operation of medical laboratories.

### THE MEDICAL LABORATORY TECHNOLOGISTS ACT

- Regulates the profession of medical laboratory technology.

### THE MEDICAL PROFESSION ACT

- Regulates medical physicians.

### THE MEDICAL RADIATION TECHNOLOGISTS ACT

- Regulates medical radiation technologists.

### THE MENTAL HEALTH SERVICES ACT

- Regulates the provision of mental health services in the Province and the protection of mentally disabled people.

### THE MIDWIFERY ACT

- Regulates midwives.

### THE MUTUAL MEDICAL AND HOSPITAL BENEFIT ASSOCIATIONS ACT

- Sets out the authority for community clinics to operate in Saskatchewan.

### THE NATUROPATHY ACT

- Regulates naturopathic physicians.

### THE OCCUPATIONAL THERAPISTS ACT, 1997

- Regulates occupational therapists.

### THE OPHTHALMIC DISPENSERS ACT

- Regulates opticians.

### THE OPTOMETRY ACT

- Regulates optometrists.

### THE OSTEOPATHIC PRACTICE ACT

- Regulates osteopathic physicians.

### THE PERSONAL CARE HOMES ACT

- Regulates the establishment, size and standards of services of personal care homes.

## APPENDIX I: SUMMARY OF SASKATCHEWAN LEGISLATION

### THE PHARMACY ACT, 1996

- Regulates pharmacists and pharmacies.

### THE PHYSICAL THERAPISTS ACT, 1998

- Regulates physical therapists.

### THE PRESCRIPTION DRUGS ACT

- Provides authority for the provincial drug plan.

### THE PROFESSIONAL DIETITIANS ACT

- Regulates dietitians.

### THE PSYCHOLOGISTS ACT, 1997

- Regulates psychologists.

### THE PUBLIC HEALTH ACT

- Some sections of the old Act remain in force in order that governing boards of some facilities continue to operate.

### THE PUBLIC HEALTH ACT, 1994

- Provides authority for the control of public health hazards, such as public health inspection of food services.

### THE REGISTERED NURSES ACT, 1988

- Regulates registered nurses.

### THE REGISTERED PSYCHIATRIC NURSES ACT

- Regulates registered psychiatric nurses.

### THE REGISTERED PSYCHOLOGISTS ACT

- Regulates psychologists.

### THE SASKATCHEWAN HOSPITALIZATION ACT

- Provides for the payment of hospital services and taxes.

### THE SASKATCHEWAN MEDICAL CARE INSURANCE ACT

- Sets out authority for the province's medical care insurance program and payments to physicians.

### THE SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS ACT

- Regulates speech-language pathologists and audiologists.

### THE VITAL STATISTICS ACT, 1995

- Administers the registration of births, deaths, marriages, adoptions and divorces in the Province of Saskatchewan.

### THE WHITE CANE ACT

- Sets out the province's responsibilities with respect to services for the visually impaired.

# APPENDIX II: LEGISLATIVE & REGULATORY AMENDMENTS IN 2000-01

A number of legislative and regulatory amendments were passed in 2000.

## LEGISLATION

***THE CROWN FOUNDATION FOR DISTRICT HEALTH BOARDS***

This act was repealed.

***THE DIETITIANS ACT***

This new act will replace The Professional Dietitians Act and will update provisions regulating dietitians and nutritionists and enhance public accountability.

***THE HEARING AID SALES AND SERVICES ACT***

This act will regulate private businesses in Saskatchewan involved in the selling of hearing aids.

***THE TOBACCO CONTROL ACT***

This legislation is part of a comprehensive plan to reduce youth smoking and provide protection from second-hand smoke.

## REGULATIONS

***THE SPECIAL-CARE HOMES RATES REGULATIONS***

These new regulations were implemented to address changes to resident charges.

***THE HOUSING AND SPECIAL-CARE HOMES REGULATIONS***

The amendments to these regulations clarified portions of the Interpretation section.

***THE DENTAL PROFESSION APPEAL TRIBUNAL PAYMENT REGULATIONS***

These regulations were repealed in 2000.

***THE PSYCHIATRIC WARD (SASKATOON CITY HOSPITAL) REGULATIONS***

These regulations were repealed in 2000.

***THE PHARMACY ACT REGULATIONS, 1982***

These regulations were repealed in 2000.

***THE HOSPITAL COUNCIL DISSOLUTION REGULATIONS, 1976***

These regulations were repealed in 2000.

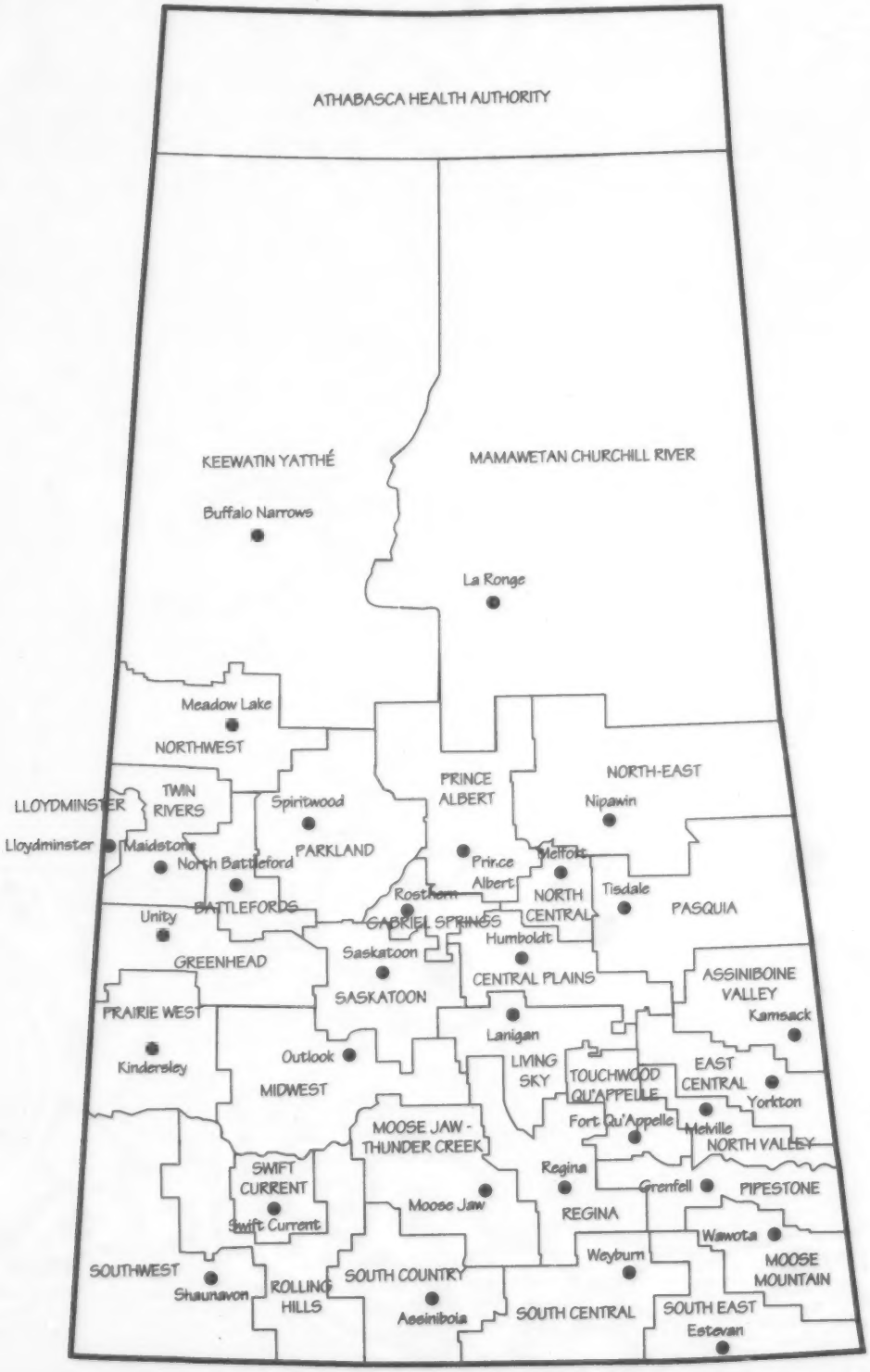
***THE SASKATCHEWAN HOSPITALIZATION REGULATIONS, 1978***

These regulations were repealed in 2000.

***THE SASKATCHEWAN MEDICAL CARE INSURANCE PAYMENT REGULATIONS***

These regulations were amended to accommodate a new payment schedule for chiropractic, optometric and physician services.

## APPENDIX III: HEALTH DISTRICTS MAP



# ENDIX IV: HOSPITAL BEDS STAFFED AND IN OPERATION 2000-01

| District | Community | Hospital | Acute Care Beds[1] | Psychiatric Beds | Other Beds (Rehabilitation, LTC, Other)[2,3] | All Beds | Newborn Bassinets |
|---|---|---|---|---|---|---|---|
| South East | Estevan | St. Joseph's Hospital | 53 | 0 | 38[3] | 91 | 10 |
| South Central | Weyburn | Weyburn General Hospital | 50 | 0 | 0 | 50 | 7 |
| South Country | Assiniboia | Assiniboia Union Hospital | 17 | 0 | 0 | 17 | 1 |
| | Gravelbourg | St. Joseph's Hospital | 9 | 0 | 0 | 9 | 0 |
| Rolling Hills | Herbert | Herbert-Morse Hospital | 14 | 0 | 3 | 17 | 0 |
| Southwest | Leader | Leader Hospital | 23 | 0 | 1 | 24 | 0 |
| | Maple Creek | Maple Creek Hospital | 21 | 0 | 0 | 21 | 3 |
| | Shaunavon | Shaunavon Hospital & Care Centre | 21 | 0 | 1 | 22 | 3 |
| Moose Mountain | Arcola | Arcola Health Centre | 13 | 0 | 0 | 13 | 2 |
| | Kipling | Kipling Memorial Health Centre | 20 | 0 | 0 | 20 | 2 |
| | Redvers | Redvers Health Centre | 14 | 0 | 0 | 14 | 1 |
| | Wawota* | Wawota Memorial Health Centre | 0 | 0 | 5 | 5 | 0 |
| Pipestone | Broadview | Broadview Union Hospital | 18 | 0 | 0 | 18 | 3 |
| | Indian Head | Indian Head Union Hospital | 16 | 0 | 1 | 17 | 1 |
| | Moosomin | Moosomin Union Hospital | 33 | 0 | 0 | 33 | 2 |
| | Wolseley | Wolseley Memorial Union Hospital | 19 | 0 | 0 | 19 | 1 |
| Regina | Regina | Regina General Hospital (6) | 359 | 50 | 0 | 409 | 67 |
| | Regina | Pasqua Hospital | 239 | 0 | 0 | 239 | 0 |
| Moose Jaw/Thunder Creek | Central Butte | Central Butte Union Hospital | 9 | 0 | 3 | 12 | 0 |
| | Moose Jaw | Moose Jaw Union Hospital | 99 | 20 | 0 | 119 | 14 |
| Swift Current | Swift Current | Swift Current Regional Hospital | 86 | 10 | 0 | 96 | 13 |
| North Valley | Esterhazy | St. Anthony's Hospital | 18 | 0 | 0 | 18 | 2 |
| | Melville | St. Peter's Hospital | 30 | 0 | 5 | 35 | 3 |
| Touchwood Qu'Appelle | Balcarres | Balcarres Integrated Care Centre | 10 | 0 | 0 | 10 | 0 |
| | Fort Qu'Appelle | Fort Qu'Appelle Indian Hospital | 12 | 0 | 6 | 18 | 0 |
| | Lestock | St. Joseph's Integrated Care Centre | 10 | 0 | 6 | 16 | 0 |
| East Central | Yorkton | Yorkton Regional Health Centre | 78 | 0 | 29[3] | 107 | 10 |
| | Foam Lake | Foam Lake Health Centre | 4 | 0 | 11 | 15 | 0 |
| Living Sky | Lanigan | Lanigan Hospital | 4 | 0 | 6 | 10 | 0 |
| | Watrous | Watrous Hospital | 4 | 0 | 8 | 12 | 0 |
| | Wynyard | Wynyard Hospital | 8 | 0 | 0 | 8 | 0 |
| Midwest | Davidson | Davidson & District Health Centre | 2 | 0 | 8 | 10 | 0 |
| | Outlook | Outlook Union Hospital | 13 | 0 | 6 | 19 | 0 |
| | Rosetown | Rosetown and District Health Centre | 19 | 0 | 0 | 19 | 0 |
| Prairie West | Kerrobert | Kerrobert Hospital | 6 | 0 | 14 | 20 | 1 |
| | Kindersley | Kindersley Hospital | 16 | 0 | 6 | 22 | 0 |
| Assiniboine Valley | Canora | Canora Hospital | 16 | 0 | 12 | 28 | 0 |
| | Kamsack | Kamsack Hospital | 20 | 0 | 19 | 39 | 0 |
| | Preeceville | Preeceville Hospital | 10 | 0 | 11 | 21 | 0 |
| Central Plains | Humboldt | St. Elizabeth's Hospital | 36 | 0 | 4 | 40 | 6 |
| | Wadena | Wadena Hospital | 21 | 0 | 0 | 21 | 0 |
| Saskatoon | Saskatoon | Royal University Hospital[6] | 329 | 38 | 0 | 367 | 79 |
| | Saskatoon | Saskatoon City Hospital | 165 | 18 | 34 | 217 | 0 |
| | Saskatoon | St. Paul's Hospital | 174 | 0 | 0 | 174 | 0 |
| Greenhead | Biggar | Biggar Union Hospital | 20 | 0 | 0 | 20 | 0 |
| | Unity | Unity & District Health Centre | 11 | 0 | 0 | 11 | 0 |
| Pasqua | Hudson Bay | Hudson Bay Health Care Facility | 10 | 0 | 0 | 10 | 1 |
| | Kelvington | Kelvington Hospital | 14 | 0 | 1 | 15 | 0 |
| | Porcupine Plain | Porcupine-Carragana Hospital | 10 | 0 | 4 | 14 | 1 |
| | Tisdale | Tisdale Hospital | 24 | 0 | 0 | 24 | 2 |
| North Central | Melfort | Melfort Hospital | 42 | 0 | 29[3] | 71 | 3 |
| Gabriel Springs | Rosthern | Rosthern Hospital | 31 | 0 | 0 | 31 | 4 |
| | Wakaw | Wakaw Hospital | 22 | 0 | 2 | 24 | 2 |
| North-East | Carrot River** | Carrot River Health Centre | 0 | 0 | 6 | 6 | 0 |
| | Nipawin | Nipawin Hospital | 38 | 0 | 0 | 38 | 3 |
| Prince Albert | Prince Albert | Victoria Hospital | 107 | 44 | 0 | 151 | 14 |
| Parkland | Big River | Big River Health Centre | 9 | 0 | 0 | 9 | 0 |
| | Hafford | Hafford Hospital & Special Care Home | 6 | 0 | 0 | 6 | 0 |
| | Shellbrook | Shellbrook & District Hospital | 19 | 0 | 0 | 19 | 0 |
| | Spiritwood | Spiritwood Hospital | 12 | 0 | 0 | 12 | 0 |
| Battlefords | North Battleford | Battlefords Union Hospital | 75 | 23 | 2 | 100 | 10 |
| Twin Rivers | Maidstone | Maidstone Hospital | 23 | 0 | 2 | 25 | 4 |
| | Paradise Hill | Paradise Hill Hospital | 14 | 0 | 3 | 17 | 1 |
| | Turtleford | Riverside Memorial Hospital | 23 | 0 | 3 | 26 | 3 |
| Lloydminster | Lloydminster | Lloydminster Hospital | 51 | 0 | 0 | 51 | 19 |
| Northwest | Loon Lake | Loon Lake Union Hospital & Special Care Home | 13 | 0 | 0 | 13 | 0 |
| | Meadow Lake | Meadow Lake Hospital | 34 | 0 | 0 | 34 | 6 |
| Mamawetan Churchill River | La Ronge | La Ronge Health Centre | 22 | 0 | 0 | 22 | 0 |
| Keewatin Yatthé | Ile a la Crosse | St. Joseph's Hospital | 22 | 0 | 13 | 35 | 2 |
| | La Loche | La Loche Health Centre | 12 | 0 | 0 | 12 | 0 |
| Athabasca | Uranium City*** | Uranium City Municipal Hospital | 0 | 0 | 0 | 0 | 0 |
| | | TOTAL [7] | 2,802 | 203 | 302 | 3,307 | 306 |

* Wawota Memorial Health Centre has been operating as a health centre since August 2000.
** Carrot River Health Centre has been operating as a health centre since December 1999.
*** Uranium City Municipal Hospital has been operating as a health centre since August 1999.

(1) Number of beds staffed and in operation on March 31, 2001 was provided by health districts in response to a hospital bed survey conducted by Saskatchewan Health in May 2001. Bed numbers will vary over the course of the year.
(2) Acute care beds staffed and in operation consist of short-term acute care beds excluding short-term psychiatric beds, newborn bassinets, and neonatal intensive care unit (NICU) beds.
(3) "Other Beds" may include those used for palliative care, observation, respite, and convalescent care. On the hospital bed survey they may also be reported as "multipurpose" beds. In the case of combined hospital and licensed special care home facilities, the licensed special care home beds were NOT included in the count of other beds.
(4) Hospital beds used for long-term care were not reported for Weyburn, Regina, Moose Jaw, Swift Current, Melville, Saskatoon, Humboldt, Tisdale, Nipawin, Prince Albert, North Battleford and Lloydminster.
(5) Numbers reflect hospital beds used for long-term care which were not reported in last year's survey.
(6) Bassinet count for the Regina General Hospital includes 40 bassinets and 27 neonatal intensive care units (NICU) beds; Royal University Hospital bassinet count includes 50 bassinets and 29 NICU beds.
(7) Total does not include 307 beds in the Wascana Rehabilitation Centre. Wascana Rehabilitation Centre beds include 118 rehabilitation beds, 109 extended care and 80 other long term beds.

# APPENDIX V: SASKATCHEWAN HEALTH DIRECTORY OF SERVICES

## 1. FOR A MAP OF SASKATCHEWAN'S HEALTH DISTRICTS:

Communications Branch
Saskatchewan Health
3475 Albert Street
Regina, SK S4S 6X6
Telephone: (306) 787-3696

## 2. FOR YOUR LOCAL DISTRICT HEALTH OFFICES:

Your SaskTel telephone directory will list the district health office nearest you.

## 3. TO REPORT CHANGES TO THE HEALTH REGISTRY, OR TO OBTAIN A HEALTH SERVICES CARD, OR FOR MORE INFORMATION CONCERNING HEALTH REGISTRATION:

Saskatchewan Health Registration
Saskatchewan Health
3475 Albert Street
Regina, SK S4S 6X6

- Regina residents (306) 787-3251

or

- Other residents within the province may call our toll-free number 1-800-667-7551

You can also obtain registration assistance and information from our regional office in Saskatoon:

Sturdy Stone Building
122 - 3rd Avenue North
Saskatoon, SK S7K 2H6
Telephone: (306) 933-6275

Or, visit our web site at www.health.gov.sk.ca. Some forms may be available online.

## 4. FOR PROBLEM GAMBLING PREVENTION AND TREATMENT SERVICES:

- toll-free Problem Gambling Help Line 1-800-306-6789

## 5. SUPPLEMENTARY HEALTH PROGRAM AND FAMILY HEALTH BENEFITS:

- Regina residents (306) 787-4723

or

- Other residents within the province may call toll-free 1-888-488-6385

## 6. FOR INFORMATION ABOUT THE SASKATCHEWAN AIR AMBULANCE PROGRAM:

- Telephone (306) 787-3764

## 7. FOR SPECIAL SUPPORT APPLICATIONS FOR PRESCRIPTION DRUG COSTS:

Either contact your pharmacy, or call:

- Regina residents (306) 787-3317

or

- Other residents within the province may call our toll-free number 1-800-667-7581

## 8. FOR ADDITIONAL INFORMATION ABOUT SASKATCHEWAN AIDS TO INDEPENDENT LIVING (SAIL):

- Telephone (306) 787-7121

APPENDIX V: SASKATCHEWAN HEALTH
DIRECTORY OF SERVICES

**9. OUT-OF-PROVINCE HEALTH SERVICES:**

- Regina residents (306) 787-3437

  or

- Other residents within the province may call our toll-free number 1-800-667-7523

Prescription Drug inquiries

- Regina residents (306) 787-3317

  or

- Other residents within the province may call our toll-free number 1-800-667-7581

**10. TO OBTAIN REFUNDS FOR OUT-OF-PROVINCE PHYSICIAN AND HOSPITAL SERVICES, AND DRUG COSTS, FORWARD BILLS TO:**

Claims and Benefits
Medical Services Plan
Saskatchewan Health
3475 Albert Street
Regina, SK S4S 6X6
and
Drug Plan and Extended Benefits Branch
Saskatchewan Health
3475 Albert Street
Regina, SK S4S 6X6